#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18



## 62796

#### CERTIFICATE OF DEATH

Reg. Dist. No. 139

How long in above pl Hospital, institution,	Frede tate San at 11 outside city or town l ace of death? Sinc or street address where	ori um mits, write is e 4/2 death occurred	Md. CRAL and give nearest town) /45 : Sama torium	2. USUAL RESIDENCE (HOME) Co (For newborn infants give residence of State	ts, write RURAL and give no	earcst town)
	or institution?Sin			2.(a) if veteran, name war		<i>f</i>
3. (a) FULL NA				The state of the s	3. (b) Social Security None	
4. Sex Male	5. Color or race White	6.(a)Singl	e. married, widowed, or divorced Single	MEDICAL C	ERTIFICATION	8:40A w
	Dogomb	6.(	c) tf alive, give ageyears	21. I CERTIFY that death occurred on the date at April 2 19 and that I last saw h im allve on Max	bove stated: that t attended dec 45 to March rch 6	6 19.47
8. AGE: Y	Months 3	Days 4	It less than one day	Pulmonary Tubercu	llosis	27 Mos.
10. Usual occupation  11. Industry or busing the second se	Fireman William A Ireland  Katherir Ireland	llen e Hog	eol 7 (month) (day) (year)	Due to		d statistically.
Cemetery or cren Location T  1B. Funeral directo	najory Blue hurmout	eager, Md.	& Son	Where did injury occur?	(County) where?) injured at work?	(State)

CHARLES CONTRACTOR TENHER. P. T.Lean . The state of the RECEIVE BUREAU V & 1-35

Mary Walter Street, and

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

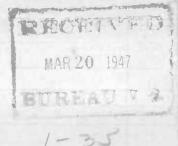


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## 02799 No. /340

#### CERTIFICATE OF DEATH

			Nog. Dist. No		
1. PLACE OF DE	ATH: ederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or townEmi		Md. a. nits, write RURAL and give nearest town) уеагѕ	State Marvland County Frederick  City or town Hmmitsburg, Md.  (If outside city or town limits, write RURAL and give nearest town)  Frederick Street  (If rural, give LOCATION)		
How long in hospital of	r Institution?		2.(a) It veteran, name war. World War # 1		
3.(a) FULL NAM Jam	es McSher	rv Alvey	3. (b) Social Security Number		
4. Sex Male	5. Color or race White	8.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. ARCH 15 1977 21 // P. M.		
6.(b) Name of husband 7. Birth date of deceased (mo., day.	T	e Sebold Alvey  5.(c) If alive, give age 49  2, 1896	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from		
8. AGE: Year 50		Days If less than one day 3hrs	Immediate cause of death DURATION  LONDRATE ORCHISCOL /2 TOTAL  In.		
9. Birthplace Frederick, Frederick county, M Public Accountant  10. Usual occupation			Ma due to Ne ferteuring Cardio Several		
	ss ederick A Hagerstow		Diher conditions (Include pregnancy within 3 months of death)		
14. Malden name	Ann McSh	k, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
16. InformantEr	mmitsburg	Mas Oliver	Antopsy results		
Buria. (Burial, crematio	l V n, or removal. Which?) St. Ant	March 18, 19 (month) (day) (year) honys Shrine Cemet	Accident, suicide, or homicide		
LocationEmr	nitsburg,	Md. R. D.	Injured at home, farm, industry, public place (where?)		
7	mmitsburg		23. SIGNATURE No A. Caslle he D.		
19 Mar	17 19 47	W. P. Dhuy	M. D. or other  M. D. or other  M. D. or other		



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DURATION 20 Mos.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

#### CERTIFICATE OF DEATH

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		OZICIAL IOI	Reg. Diat. No		
1. PLACE OF DEATI	Fred	erick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Maryland Co	Montgomerv	
How long in above place of c	death? Sin	orium, Mary land mits, write KURAL and give nearest town) ce 1/25/46	Dum to man		
Maryland Maryland	Pubercu	losis Sana torium ce 1/25/46	Street No	e LOCATION)	
	titution?		2.(d) It veteran, name war		
3. (a) FULL NAME Hel en	H. Bat	es		3. (b) Social Security Number 218-20-0048	
4. Sex   5.	. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Married	20. DATE OF DEATH March 4	19 47 ,11:	
		ph W. Bates	21. I CERTIFY that death occurred on the date al Jan uary 25 19	bove stated; that I affended deceased from 46 Narch 4 19	
7. Birth date of deceased (mo., day, yr.)		31, 1924	and that I tast saw halive on		
8. AGE: Years	Months	Days If less than one day	Pulmonary Tuberc		
22	4	4hrs. m	n		
9. Birthplace Wash	nington	, D.C. county, und state)	Due to		
	(Town,	county, und state)			
10. Usual occupation	Hous ew	TIE	Due to		
11. Industry or business					
当 12. Name Ric	chard M	orien	Dther conditions		
		on, D.C.			
		is	(Include pregnancy within 8 months of death)  Major findings of operations.		
15. Birthplace	Richmon	d, Va.		Date of op	
	Decease	d	Autopsy results		
Address			PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
17. Burial (Burial, cremation, or		Date thereof May 6, 1947	22. VIOLENCE: If death was due to external confidence.		
Cemetery or crematory	Fort L	incole Cem	Where did injury occur?(City or town)		
Location D. E. T.	ashusa	touDC	tnjured at home, farm, industry, public place (	where?)	
Cooding Children	A	ambers & Co.	Msens of Injury	Injured at work?	
		on, DyCy	- Ra SIGNATURE R. W. Ba	een'	
19 March 6	19.47	V.A. apr	Address State Sana tori	um. Md. Md. 3/5/	

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2411 N. Charles St., Baltimore 46-6



02801 Reg. Dist. No...

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Frederick	State Md. County Frederick
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 3 Mos.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
527 North Bentz St.	Street No(If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marshall Roberts Bi	11.
4. Sez S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20. DATE DE DEATH MAY & LANGE 19 47 21 SOOR M
6.(b) Name of husband or wife Charles L. B. alle	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	Oct 1946 10 Mar 28 194
7. Birth date of	and that I last saw h eV alive on Yhar 24 1947
deceased (mo., day, yr.) Dec. 24, 186)	Immediate cause of death
8. AGE: Years Months Days If less Ihan ooe day	
79 3 4hrsmin.	arcinoma-Stomach 1 yr?
9. Birthplace Middle Low M. Frederick G. Md.	Due to
10. Usual occupation Hosses	Due 10
11. Industry or business	
	Diher conditions
12. Name Elias Marker.	
	(Include pregnancy within 3 months of death)
5 M	Major findings of operations
E 15. Birthplace Middle town 1114	Date of op.
16. Informant Ray mond Bidle	Autopsy results 1007 (107)Q
Address Mt. Pleasant, Frederick, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
D 1 3-31-117	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which:)  (Burial, cremation, or removal, Which:)	Accident, suicide, or homicide
Cemelery or crematory by thexam leve a berg	Where did injury occur?
Location Middle Locary Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Bladia III 00 -	Means of Injury Injured at work?
Address Middletown, Md.	as SIGNATURE /2 Harp MW
19,31 March 19 4) Elizabeth & Heck. (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Lefall town Bale signed 3-28-47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 131-0

#### 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) 40 urs (if outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. Sex 28 19 47 21 3 A M CERTIFY that death occurred on the date above stated; that I allended deceased from .8.(c) If allva, give age ...... years 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace. 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? ..... (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury 18. Funeral director Address

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick-Rural	Slate Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)	The and and also		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Emergency Hospital	Street No. 19 South Bentz Street (If rural, give LOCATION)		
Emergency Hospital  Now long in hospilal or instilution?  Weeks	2.(a) If veleran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Number		
WILLIAM THOMAS BROWN	None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or dispersed	MEDICAL CERTIFICATION		
M C W	2D. DATE OF DEATH March 31st, 19 47, 21 9:30Pm		
6.(6) Name of husband or wife Katie Speaks	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
E (a) It alive give age	march 20 1947 to March 3/1947		
7. Birth date of TT-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	and that I last saw h im allve on warsh 31 19 41		
deceased (mo., day, yr.) UTIKITOWIT UP 7	Immediate cause of death		
n. AGE.	hum-sanira and		
10	Losella accose		
9. Birthpiace Unknown (Town, county, and state)	Due to		
1D. Usual occupation Farm Hand			
	Due to		
11. Industry or business  Line Unknown	_		
E 77-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Unknown Unknown Unknown	Major findings of operations		
15. Birthplace Unknown	Date of op.		
ts. informant Mrs. Fannie Dean	Autopsy results		
Address 19 S. Bentz St., Frederick, Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, epemation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or cremetery Fairview Cemetery	Whers did injury occur? (City or town) (County) (State)		
Frederick, Marvland	Injured at home, farm, Industry, public place (where?)		
M R Etchison and Son	Msans of injury tnjured al work?		
18. Funeral director	1 1		
Address Frederick, Maryland	- 23 SIGNATURE Bernard Numary M. D.		
10 2 april 10 m Elis alutte & Heal.	M. D. or other		
(Date ree'd by registrar) Registra	Address Frederick, Maryland Date signed 4-1-47		

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VRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

OR B.O. Thomas. Jo

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (934)



#### CERTIFICATE OF DEATH

U2804 Reg. Diat. No. 131 0

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick	state Maryland county Frederick		
(If autaids alter on town limits write RIPAL and give nearest town)	Enadoni ale		
How long in above place of death? 35 Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: City Parking Lot-S. CourthStreet	Street No. 19 South Bentz Street		
	(If rural, give LOCATION) None		
How long in hospital or institution?	2.(a) IT veteran, name war		
3.(a) FULL NAME Russell CORSEY	3. (b) Social Security Number		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION		
M C M			
	2D. DATE DE DEATH 31 march 1947 21 70 9. M		
6.(6) Name of hueband or wife Unknown	2t. 1 CERTIFY that death occurred on the date above elated; that I attended deceased from		
S (e) Hallyo give age	rears and that lest early 1/M DEED 3/ March 19.47		
7. Birth date of deceased (mo., day, yr.) March 28, 1876			
8. AGE: Yeare   Months   Daye   If lese than one day	Immediaic cause of death Court Court		
71 0 3hrs.	min.		
9. Birtholace Frederick County Maryland	Due to My perlevaine heart dular ? year		
(Town, county, and state)  Laborer			
to. Usual occupation. LIABOTOT	Due to		
tt. Industry or businese			
Samuel Corsey 12. Name. Samuel Corsey 13. Birthplace Frederick County Maryland	Dther conditions		
	(Include pregnancy within 8 months of death)		
Sarah Walker  14. Malden name. Sarah Walker  15. Birthplace Frederick County Maryland	Major findings of operations.		
Frederick County Maryland	Date of op.		
te Interment Mrs. William W. Roberts	Aotopsy results		
Address W. South St., Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Rumia 1 /3/47	22. VIOLENCE: If death was due to external causes, fill in the following:		
(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremetery	Where did injury occur?		
Frederick, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Meane of Injury tnjured at work?		
Fraderial Marriand	01 1 1/0. 10. 0 m 0		
Address Prodefick, Mary land	23. SIGNATURE CLARIES WITH M. D. or other		
19. 2 Optil 19 HT Ethalic St. Tee	trair Address Fredes of marches d. Date eigned 3/31/47		
(Date Ice And Indiana)	Manager & Control of the Control of		



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

02805

Reg. Dist. No. ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick	State Maryland County Frederick		
City or teres. Frederick (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? Lifetime	City or town Frederick (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: West Seventh Street Extd.	Street No. Nest Seventh Street Extd.		
-525 - 645 -	(If rurel, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
GRACE EUGENIA COVELL	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Mhite Married	20. DATE DF DEATH March 22 19.47 3:30 P.M		
8.(6) Name of husband or wife John Covell	21. I CERTUEN that greath occurred on the date above stated; that Tatlended decorated from		
6.(0) Name of husband of wife.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. Birth date of	and that I last saw h. It alive on Masely 22 1849.		
deceased (mo., day, yr.) Augus 6 17, 1070	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Carenova of the		
48 7 3hrsmin	livat		
B. Birthplace Frederick County, Maryland	Due to		
(Town, county, and state)  1D. Usual occupation. Housewife			
1D. Usual occupation	Due to		
11. Industry or business			
12. Name Seymore McBride 13. Birthplace Frederick County, Maryland	Dther conditions		
13. Birthplace Frederick County, Maryland	(Include pregnancy within 3 months of deeth)		
14. Malden name Ada Stine	Majur findings of operations.		
15. Birthplace Frederick County, Maryland	Majur findings at uperabuna.  Date of op.		
Icha Carrell	Autopsy results.		
18. Informant John Covell	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
Address Frederick, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial (Burial, Compation or removal Which)  (Burial, Compation or removal Which)  (Burial, Compation or removal Which)	Accident, suicide, or homicide		
	Where did injury occur?		
Cometery or commeters, Mount Olivet Cemetery			
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. E. Cline & Son	Means of injury / injured at work?		
Address Frederick, Maryland	XUMI H Sugar		
00.00011	23, SIGNATURE M. D. or other		
19. 24 March 1947 Elizabeth J. Heck	Address Stelderler Md Bate signed 3/24/47		

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2411 N. Charles St., Baltimore 93-0

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#### CERTIFICATE OF DEATH

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1. PLACE OF I	derick -			2. USUAL RESIDENCE (HO (For newborn infants give res	sidence of mother)	le
How long in above p	efferson-Ru If outside city or town lin lace of death? 41 , or street address where d	Year	URAL and give nearest town) S	Jefferso	on Rural	
	Jefferson			Street No		
3. (a) FULL NA		JACO	B CULLER		3. (b) Social Security None	y Number
4. Sex	5. Color or race	8.(a)Singt	e, married, widowed, or <del>divorced</del>		CAL CERTIFICATION	7. 7:301
	or wife Grace			21. I CERTIFY that death occurred on I	the date above stated; that haftended de	S 19.47
7. Birth date of deceased (mo., d	Octobe.		c) If allve, give ageyear 1867	and that I last saw handamalive on	man 4	
O. AUL.	ears   Months   4	Days 29	If less than one dayhrsmin	Urenia Y	Carchae Salina	5 they s
	r. Jeffers (Town, Farmer		ederick-Maryla state)	Que to Theat L	Flock www.fypilus	2 462
11. Industry or bus	Harman Cul	rm ler	nty Maryland	Die to	leans of howoulge	9 mo
			uver nty Maryland	Major findings of operations	within 3 months of death)  Dale of op.	
16. Informant	Miss Mary Jefferson,	E. Cu	ller	Antopsy results	cause to which death should be charge	
17 Buris	al	Date ther	a/8/47 (month) (day) (year) theran Cemeter		Date of	(State)
Location	Jeffers	on, M	aryland		c place (where?)	
18. Funeral direct	Frederi		on and Son aryland	23. SIGNATURE	Taclo et	Luce M.D
19. La Man	ch 1941	13	is abeth & Heck.	J. C.P.	Sow Wy Date signe	3/5/4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore / Sala

#### CERTIFICATE OF DEATH

02807
Reg. Diat. No. 139

1. PLACE OF DE	Frede	rick		(For newborn infants give residence of mother)		
County Sta			Mary land	state Mary Land county		
(If e	outside city or town li	mita, write I	URAL and give nearest town)	City or town Baltimore (If outside city or town limits	write RURAY and give non	rest town)
Hospital, Institution, or	street address where	death occurre	d:	Street No. 321 S. Madeir	a St.	test wwil)
Marylan	d Tuberc	ulosi	s Sana torium	(If rural, give LOCATION)  2.(a) ti veteran, name war.		
How long in hospital o	r Institution?Sin	ce 9/	11/46			
3. (a) FULL NAM			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3. (b) Social Security	
John Cy	rdylo				213-07-355	0
4. Sex	5. Cotor or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White		Single	20. DATE OF DEATH March 25	19.47	11:25F
C (h) Name of husband	or wife			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	ased trom
6.(0) Name of nuspand			c) If alive, give ageyears	September 11 19	46 March	25 19 47
7. Birth date of	10/	18/19		and that I last saw h. im alive on Mal	ch 25	
deceased (mo., day,		Oays	It less than one day	Immediate cause of death		3 Wks.
43	3 5	7	hrsmin.	Tuberculous Menia	TRT ATS	/ ///۲۵۰
F. D. Market	Hazleton,	Penn	svlvania	NOW NO.		*
	(Tawn	COUNTY STO	gratel	Pulmonery Tuberc	ulosis	9 Mos.
. 10. Usual occupation.	Millwri	gnt n	erber	Due to		
11. Industry or busines						
	Taacob Cy	gATO		Other conditions	***************************************	*************
13. Birthplace I	Poland			(Include pregnancy within 3 r	nonths of death)	
置 14. Maiden name	?	>> *** > * * * * * * * * * * * * * * *		Major findings of operations		
15. Birthplace I	Poland					
16. Informant	Deceased			Antopsy results		
Address				PHYSICIAN: Please underline the cause to wi		statistically.
Buria		Nate the	real March 29, 1947.	22. VIOLENCE: tt death was due to external cau		
(Burial eremation	n, or removal Which?	ond on T	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory St. St	4117297	aus	Where did injury occur?(City or town)		
Location				Injured at home, farm, Industry, public place (w		************************
1B. Funeral director	George	A. We	ber	Means of Injury	Injured at work?	
Address 70	5 S. Ann	St.,	Baltimore Md.	& le Bace	lin .	
March			J-M-luna	23. SIGNATURE	М. D.	XXXXX
19. (Date ree'd by re		*******	Registrar	Address State Sanatori	um. Md pate signed.	3/27/47

age

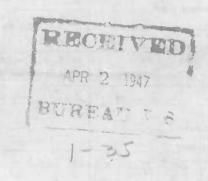
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

### CERTIFICATE OF DEATH

02808 Reg. Dist. No. 314

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or teen (If outside city or town limits, write KURAL and give nearest town)	State Martley County Months
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
34 6	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Gelen Avita	3. (b) Social Security Number
4, Sex   5. Color or race   6.(a)Single, mapried, wildowed, or divorced	MEDICAL CERTIFICATION
chamale W	20. DATE DE DEATH March 75 19.47 213:30 P: N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Sirth date of	March 27 19.47 to March 27 18.47 and that I last saw h ER alive on March 27 18.47
deceased (mo., day, yr.) March 27 1947	Immediate cause of death In Jahra Alections DURATION
8. AGE: Years Months Days If less than one day	2 Lays.
brs, min.	
9. 8irthplace (Town, county, and state)	Due to Prindutty.
1D. Usual occupation.	<u></u>
11. Industry or business	Due to
	Dther conditions.
12. Name Tangle Danisable & an	
	(Include pregnancy within 3 months of death)
14. Maiden name liga fruth Walking  15. Birihplace Solat Prove mod	Major findings of operations.
21.1	Autopsy results
18. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Personalous 740. 109.1847	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, ctamation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Coolar Travel med	Injured at home, farm, industry, public place (where?)
16. Funeral director Roy W. Barlon	Meens of Injury Injured at work?
Address a storsfille med	Q. V. 90.10.
OCCOS SOLO IN CO. I ATT & Hode.	23. SIGNATURE M. D. or other
19. Date read by registrar	address Namuscus, Mrd. Date signed 3/28/47:



# ochect age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE

#### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No	2
County Control County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Many County Many County	
How long in above place of death?	(If outside city or town limits, write RURAL and give near	arest town)
How long in hospital or institution?	Streel No	V
3. (a) FULL NAME Puthe Gapl time	3. (b) Social Security	Number
4. Sex 5. Color or race 5.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH March 27 19.47	
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended dece 2:30 A:M. March 2. 19. 47. 104:30A:M.M. and that I last saw h. E.P. alive on March 2. 3.	Jareh 27,9 47
8. AGE: Years Months Days If less than one day  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Immediate cause of death. Premativity	14 OURATION
9. Birthplacet (Town, county, and state)	Oue to B Istral utilestasis	1.1/2 hours
10. Usual occupation	Due to	*
12. Name 12.	Other conditions	•••••••••••••
14. Maiden name la afaille Matthews  15. Birthplace Colon of Front June 9	Major findings of operations	
Address Colar Trove mind	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(Burial, cremation, or removat. Which?)  Date thereof Maria (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Cometery or exemetory Constitution of the Cons	Whera did injury occur?	(State)
18. Funeral director of the Barber  Address Tarton salle my	Means of Injury Injured at work?	
19.27-March 194) Elizabeth & Hach. (Date rec'd by registrar)	Address January, Md. Date signed.	or other 3/2 )/4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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1	D	D:-4	NI.	13	80

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED. Resisting (For newborn infants give residence of mother)  State   Management   County   Co
How long in above place of death? 3 o Traco Hospital, Institution, or street address where Jeath occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Merel Disne	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced Desmale Col Wishway	MEDICAL CERTIFICATION  20. DATE OF DEATH  March 4 19 47 at 6 P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Cury /2 - 1899	and that I last saw h last earlie on 19. The last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last saw h last earlie on 0.00 and the last earlie on 0.00
8. AGE: Years Month 20 It less than one day 20	Confect removinge 3 kg
9. Birthplace Trescrit O Martin (Town, county, and state)	Due to lesteria Scherous Syre
10. Usuai occupation House Wille	Oue to
11. Industry or business  12. Name  12. Name  13. Industry or business  14. Industry or business  15. Industry or business	Other conditions. Cerebral Hemorrhay 1945
13. Birthplace Kroderich Cr 2mg	(Include pregnancy within 3 months of death)
14. Maiden name Ollie From  15. Birthplace Montgony Co may	Major findings of operations
Address lew London may	Autopsy results
(Burial, cremation, or segmoval, Which?)  Oate thereof March 7, 1947 (month) (day) (year)	22. VIOLENCE: It death was due to externat causes, till in the toilowing;  Accident, suicide, or homicide
Cemetery or crematory Darry Chofee	Where did injury occur?
18. Funeral director of W. Barton	Means of injury Injured at work?
Address Vattorisible und	23. SIGNATURE Ernech P. Roop hadi
19. 3 - 6 (Dato rec'd by registrar) 19. 47 Lucions / Folconic. Registrar	Address her Market Med Date signed 3 6 207

APR 3 1947

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937



02811

#### CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: Fredrick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				state Maryland county Fredrick		
Oity or town. Fredrick, Md. Qual (If outside city or town limits, write RURAL and give nesrest town)  How long in above place of death?						
				Emmitsburg (If outside city or town limits, write RURAL	and give nearest town)	
Hospital, Institution, or			<b>!:</b>	Street No.	***************************************	
Emergeno		6 H	ours	(If rurai, give LOCATION)		
How long in hospital or	Institution?	0 111	Jul's	2.(a) If veleran, name war		
3. (a) FULL NAME				3. (b) Soci	al Security Number	
Jess:	ie Eline			r	none	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICA	TION	
Fm	white		single	20. DATE OF DEATH. March 24	1947 al 10P M	
	14.2 PA			21 I CERTIEV that death assured on the date above stated: that I		
			······································	"" O " " O U T		
7. Birth date of	***************************************	6.(4	e) if alive, give ageye	ars and that I last saw h. CV alive on March 2	4 1947	
deceased (mo., day, yr	a August	26,	1890	Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	tf less than one day	Arterio Schorotic Cardio.	- paseula 5 years.	
56	6	29	hrsm			
9. Birthplace	Adams Co	Pa.	state)	Due to	***************************************	
	Housel	CARDA	r		***************************************	
1D. Usual occupation		roopo.		Due 10		
11. Industry or business			-14 J. 1		***************************************	
12. NameJ.(	ohn Eline	<del>)</del>	***************************************	Dther conditions	***************************************	
13. Birthplace	Unknown	1				
H 14. Maiden name	Fonnie	Caldy	well	(Include pregnancy within 8 months of death)		
14. Maiden name	Adams (			Major findings of operations	***************************************	
≥   15. Birthplace	Adams (	**		— Date	o1 op	
16. Informant	a dame	> 14	· Skartin	Aotopsy results.		
Address Cu	witsk	way.	Mary Land	PHYSICIAN: Please noderline the cause to which death shootd		
. buria	1		March 27, 19	22. VIOLENCE: 11 death was due to external causes, fill in the fol		
(Burial, cremation,	or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide		
Cemelery or exematory Mt View Cemetery				Where did injury occur?	nty) (State)	
Location	mmitsbur	g. Mo	1.	injured at home, tarm, industry, public place (where?)		
	AT I	1	Like of	Means of Injury Injured	at work?	
18. Funeral director	Emm 1 + a harr				1 24 A	
Address	Emmitsbur	8, M	A A ( ) ) A	23. SIGNATURE Bernard Thomas	r. 14.P.	
19. Maz 2	5 19 47	J3	isabett I Heck.		M. D. or other Dale signed March 25, 1947	

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MARYLAND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore 13-7

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#### CERTIFICATE OF DEATH

er. Dist. No. 139 0

			CERTIFICA	Reg. Dist. No. 127		
1. PLACE OF DEA	Hre	deri ck		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	te Sana to teside city or town ling f death? Singuitreet address where did Tuberc:	orium nits, write R 2 6 7/, eath occurred	Mary land  JRAL and give nearest town)  L/46	State Maryland County Caroline  City or town Preston (If outside city or town limits, write RURAL and give nearest town)  Street No. Route 1  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME	ert H. E	ngle		3. (b) Social Security Number None		
4. Sex	5. Color or race	-	, married, widowed, or divorced			
Male	White		idower	MEDICAL CERTIFICATION  20. DATE DF DEATH. March 20 19 47 21 5:55P. N		
6.(6) Name of husband o	Ti-bassas	6. (c	) If alive, give ageye	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  July 1 19.46 to March 20 19.47		
8. AGE: Years 64	Months 1	Days	If less than one day	Pulmonary Tuberculosis 14 Mos.		
11. Industry or business	Farmer	•••••	atate)	uue to		
13. Birthplace	Germany	onteg	ue	(Include pregnancy within 3 months of death)		
		omnag.	ue	Major findings of operations.		
Address Rt.  17. Remova (Buriai, cremation, Cemetery or cremator)	1, Prest	on, Note there	of Max 27,190 (month) (day) (year)	Autopsy results		
19. March 2	1 19 47	U	D-Myn Regist	Chata Constantum Md - 3/21/17		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

### CERTIFICATE OF DEATH

*	(1)	20	180	12	
. 4	(?	40	-12	·R	1
Reg.	Diat.	No			

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
How long In hospital or Institution?	2.(a) If veteran, name war.		
3.(a) FULL NAME Baly Grey Grey	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Ingle, married, widows, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH SUAN 25 19. 47. 21.7:50 P. M		
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of Sirth date of	and thal I last saw h. Man. alive on Than 25 19 4		
8. AGE: Years Months Days If less than one day  U 0hrs. H.Dmin.	Inamediate cause of death DURATION		
9. Birthplace. De dens (Town, county, and state)	Que to		
10. Usual occupation	Due 10.		
12. Name Walter Earl Siler. Va.	Other conditions		
14. Maiden name Wis Colly Title 15. Birthplace Wife Wilder W. M. d.	Major findings of operations		
16. Informani, City Hospital Beards:	Autopsy results		
Address Slamba Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location Was Many While Lindson Many Land:	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?		
Address Leve Shire State Shires Sings	James J. March		
19 26 March 1944 Elizabeth & Heck	23. SIGNATURE WAS DO CONTROL OF THE SIGNED O		



2411 N. Charles St., Baltimore (159)

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CERTIFI	CATE	OF	DEA	TH

CERTIFICAT	E OF DEATH Reg. Diat. No. 13
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stale. County Canada County Count
3. (a) FULL NAME Baley Bay I	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION  20. DATE OF DEATH. MARCH 25, XX. 18.42, 21.9.
6.(b) Name of husband or wife	21. t CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Carc C 2 5 - 19 49  8. AGE: Years Months Days If less than one day 3	and that I last saw h. (2022) alive on MAACS 25 19.  Immediate cause of death OURATION
9. Birthplace Al Alanda (Town; county, and state)  1D. Usual occupation.	Due to
11. Industry or business  12. Name. Walter Earl True  13. Birthplace Wairrelle-W. Va.	Other conditions
14. Malden name Doris Evelyn Trite  15. Dirthplace New Windson, W.d.  16. (nformant City, Hospital Decods.)	Major findings of operations
Address Se devils . Manual  17. Burial, cremation or removed. Which:  Cemetery or crematory. Which:  Cemetery or crematory. Which:  Complete or crematory. Complete or crematory.  Complete or crematory. Complete or crematory.  Complete or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director & Lastyles & Servis  Address & Lastyles & Sinus Rindo	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?
18. 26 March 18.4 Clicalette 9. Hisch: (Date rec'd by registrar) Registrar	23. SIGNATURE Wisher M. D. Fother M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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MAR 27 1947 BUREA DIACE OF DEATH.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

## CERTIFICATE OF DEATH

2 HOHAL DESIDENCE (HOME) OF DECEASED.

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Counly. Prederick  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, institution, or street address where death occurred:  Frederick City Hospital					(For newborn infants give residence of mother)  State Maryland County Frederick  City or the Prederick (If outside city or town limits, write RURAL and give nearest town)  Street No. 22 West All Saint Street  (If rural, give LOCATION)		
		Illulion? Sinc	ce Ma	rch 5, 1947	2.(a) It veleran, name war Non	10	
3. (a) FULI	NAME	ESTHER	R D.	GRINAGE		3. (b) Social Security Number	
4. Sex		Color or race		te, married, widowed, or divorced		L CERTIFICATION 7 1947 at 5	
1				Grinage	march 5	date above stated; that I attended deceased from	
7 01 15 4-1-	1	January		(c) If alive, give ageyear 1893	and that I last saw had alive on		
8. AGE:	Years 54	Months 2	Days	tt less than one dayhrs. min	Immediate cause of death	1	
10. Usual occ	upation	Chool Tublic Stan Wi	leach Schoo	er	Due to Diabetts	Eselletia	
13. Birthp	n name	edericl Mary C.	Cou:			thin 3 months of death)	
16. Informant	1,12	ry E. Wederich	Vise	y Maryland ryland	Autopsy results	e to which death should be charged statistically.	
17. Bu	rial	removal, Which?	Date the	7 (month) (day) (year)	22. VIOLENCE: If death was due to exter  Accident, suicide, or homicide	Date ot	
Cemetery or exemplory. Fairview Cemetery  Location Frederick, Maryland  M. R. Etchison and Son						town) (Coonty) (State) iace (where?)	
1B. Funeral d	rector			Maryland	23. SIGNATURE A. A	1. Clark M. D.	
19. Date rec	d by registr	19.14.7	Eli	Salulu J. Heck Registra	Address Fudlick	and Date signed 3/7/4	



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-6)

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infinite give residence of mother)
County. Ceral	State Marylaced a county Trederile
(If outside city or town limks, write RURAL and give nearest town)	Thurswort .
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Josephian, or street, address where death pressfred:	Street No.
1 / 200	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Gernard &	Harbaugh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marget, widowed or divorced	MEDICAL CERTIFICATION 47 2P.
The source state	20. DATE OF DEATH. March 20, 19 47, 21 2 N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of Salar S	and that I last saw height alive on March 20, 1947
deceased (mo., day, yr.) October /87/8/	Immediair cause of death
8. AGE: Years Months Days I less than one day	Crebral thronbosis 1 week.
75 6 2 min.	
a simbol Mariaud	Due to Arteris - sclerosis 5 years
(Town county and state)	
10. Usual occupation. Make / Wife	Due 10
11. Industry or business 7 1	
# 12 Name Olever Harbalegh	Dther conditions
12. Name. Herer Harbalegh. 13. Birthplace Trederich Cr. Maryland	
1 4 1	(Include pregnancy within 3 months of death)
14. Maiden name Collegeice McClaine	Major findings of operations.
2 15. Birthplace Medercele Co, Maryland	Date of op.
16. Informaci & Olliquies Field 151	Antopsy results
Address miersule Forb. Tredgle, Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 / M May 05 16	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or compyrit, Which?)	Accident, suicide, or homicide
Cemetery or cremate beformed Cemeters	Where did Injury occur?
AstiNIA- sille MAL	Injured at home, farm, Industry, public place (where?)
Location Contract Con	Misans of Injury Injured all work?
1B. Funeral director	
Address Municont M	23 SIGNATURE Sermand Mynas J. 4.
21 march and Clintett witherder	M. D. or other
(Date rec'd by registrar)	Address frederick Md. Date signed horeflo, 4



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State Maryland County Fredrick
City or town Rural, Blue Ridge Summit (If outside city or town limits, write RURAL and give nearest town	City or townRural, Blue Ridge Summit (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh? 6 month Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Zolan Calvin Harbaugh	
4. Ses   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white married	20, DATE OF DEATH March 23 18 47 at \$ 4am
Evelin Agatha (Miller) E	Iarban totalify that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 32	19
7. Birth date of	years and that I last saw him dead March 23 1947
deceased (mo., day, yr.) January 24, 1905	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Third Degree Burn of entire 10 min.
	body body
9. Birthplace Fredrick Co. Md.	Due to
(Town, county, and state)  Machinest	
10. Usual occupation	Due to.
11. Industry or business Machine Co, Waynesborro	), Fa.
E 12. Name Clemence Harbaugh	Dther conditions
13. Birthplace Fredrick Co, Md.	(Include pregnancy within 3 months of death)
F 14 Malden name Grace E. Miller	
Grace E. Miller  14. Malden name Adams Co, Pa.	Major findings of operations
- 1 0 1 0	Date of op.
18. Informant Es Nelrym and arthornogen	Autopsy results
Address Bluer Adge Summit, Md	1047
burial Date thereof March 24,	
(Burial, cremation, or removal, which) (month) (day) () ca	Accident, suicide, or homicide. Accident Date of March 23,
Cemelery or crematory St Jacobs Reform	Where did Injury occur? Rurual Frederick Manyland (State)
Fountaindale, Pa.	Injured at home, farm, Industry, public place (where?) Home
LUGATION	Meens of Injury Fire (house) Injured at work? No
18. Funeral director.	Brenard Humas Ir.
Address Fairfield, Pa.	M.D.
Mente 2.3 My W. F. Die	Asst. Deputy Medical M. D. Manager
(Date rec'd by registrar)	gyrag Address Frederick, Md. Date signed March 23, 74



1. PLACE OF DEATH:

MARYLAND STATE DI	PARTMENT O	F HEALTH
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# 2411 N. Charles St., Baltimore 9420 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02818

County Frederick	(For newborn infants give residence of mother)
	State Maryland county Frederick
City or town (If outside city or town limits, write RURAL and give nearest town)	Braddock Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Frederick City Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 Weeks	2.(a) If veteran, name war. World War I
3. (a) FULL NAME	3.(b) Social Security Number
JAMES HEINLEIN HARRIS	35(0) 20011 20011 30011
4. Sex   5. Color or race   6.(a) Siagla, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male   White   Married	20. DATE OF DEATH. March 3 19 17, at 3:30 P. M
6.(6) Name of husband or wife Dorothea Wilson Harris	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
s.(c) if alive, give age 45 years	721-1947, to Malandon 3-19
1. Kirth date of	end that I last saw h
deceased (mo., day, yr.) June 20, 1898	Immediate cause ni death
8. AGE: Years Months Days If less than one day	- I follows
48 8 11hrsmin.	Colonary Brombon 1000
9. Birthplece Frederick Frederick County, Md	Due to.
fO. Usual occupation. Wholesale Grocer	Due to
f1. Industry or business	
	Other conditions
	Uther conditions
	(Include pregnancy within 3 months of death)
불 f4. Malden name Laura Heinlein	Major findings of operations
f4. Malden name Laura Heinlein  f5. Birthplace Frederick, Maryland	Date of op.
16. Informant Mrs. James Harris	Antoney results
Address Frederick, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, esomation, or removed, Which)  (Burial, esomation, or removed, Which)	Accident, suicide, or homicide
Cemetery or community Mount Olivet Cemetery	Where did injury occur?
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director C. E. Cline & Son	Means of Injury Injured at work?
T 1 1 1 1 1 1 1 1	1200 1712 (1.6 11)
	23. SIGHATURE TOTOUTERS W. D. COCK
19. H. March 19. HT Elizabeth J. Htich	M. D. or other  A reclassicking Pate alread 3/4/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

02819

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Other term Fredex C Rund (If outside eity or town limits, write RURAL and give nearest town)	State Cld County Treed Treed
(If outside eity or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Klonderne Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William H. Hartsock	No.
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH MEN & & 4 19 15 7 21 11 - The
6.(b) Hame of husband or wife Classa E. Hartsock	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(c) If alive, give age 77 years	1847 to Man 22 194
7. Birth date of	and that Wast saw h. M. alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediair cause of death
81 9 16hrsmin.	Coronary Occlusion
	A. Ale.
9. Birthplace Marx S. Y. 1 (e. Frederick Co. Mid.	Due to
10. Usual occupation	Que fo.
11, Industry or business	
12. Hame The ophily & thit sock	Dither conditions
13. Birthplace Mystsville, Md.	(Include pregnancy within 3 months of death)
# 14. Malden name Susa Tible!	
15. Birthplace Myersville, Md.	Major findings of operations
16. Informant Foster Hzvesoele	Antopsy results.
Address Lessups, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, as semoval. Which?)	Accident, suicide, or homicide
Cemetery or commony Lucka Cour cter	Where did Injury occur? (City or town) (County) (State)
Location Church Hill- Myersville Md.	Injured at home, term, Industry, public place (where?)
16. Funeral director, Galade and Constitution of the Constitution	Meens of Injury Injured at work?
Address Widdletown Md.	08 Hanh mi
60.000	23. SIGNATURE M. D. or other
19. May 25 19.47 Elizabeth 3. Hecks. (Date rec'd by registrar)  Registrar	Address Muddle town Date signed 3-23-47

MAR 27 1947 BUREAU VS.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)

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CERTIFICAT	E OF DEATH Reg. Dist. No. 1310
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County.  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Florence May Hend	3. (b) Social Security Number
4. Sex S. Coior or race S. (a) Single, married, without, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 16 19.47. 21.12-P. III
8. (b) Nams of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. 6irthplace  (Town, county, and state)  10. Usual occupation  5. (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  March 16 19 46 to March 16 19 47.  and that I last saw h 12 alive on March 16 19 7.  Immediate cause of death Result Alekhar Least OURATION  2 4 Lours  Oue to
11. Industry or business    Pelaguard	Other conditions hronic myo cardilis.  (Include pregnancy within 3 months of death)  Majar findings of aperations.  Date of op.
16. Informant Converted Co	Autapsy results  PHYSICIAN: Please underline the cause ta which death shauld be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location  18. Funeral director  Address  19. \( \text{Registrar} \)  (\text{Date rec'd by registrar} \)  Registrar	tnjured at home, farm, Industry, public place (where?)  Means of tnjury  1 Injured at work?  23. SIGNATURE  M. D. or other  Address  Addre

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I DIACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 a

# CERTIFICATE OF DEATH

2 HISHAL RESIDENCE (HOME) OF DECEASED.

(12821 Reg. Dist. No. / 32

City or town. Ry a (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? A hospital, institution, or street address where death occurred:  How long in hospital or institution?	(If rural, give LOCATION)  (For newborn infants give residence of mother)  State M. Couoty F.Y. S.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH MAN 2 2 2 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Daily D. Harren  6.(c) It alive, give age 6.9. years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 4 6 10 Mar 26 19 4 7  and that I last saw h. M. alive on Mar 26 19 4 7
deceased (mo., day, yr.) December 28, 1864  8. AGE: Years Months Days It less than one day	Immediate cause of death
9. Sirthplace Middle Lawr Frederick Co., M. H. J. (Town, county, and state)	Oue to.
11. Industry or business  12. Name	Other conditions.  (Include pregnancy within 3 months of death)
14. Malden name. Eller Alla LE  15. 8irthplace Widdle Lowr, Rd:  16. Informant. Days & D. Huffer	Major findings of operations
Address Middletown, Md.	Antopsy results
17 Survival (Burial, cremation, or removal, Which?)  Cemetery or crematory Recox Cemetery Company (Manual Company)	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Location Middle to some 188 d.	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?
19. May 29 1947 Marie Gladbull Registrar	23. SIGNATURE.  M. D. or other  Address.  Maddless.  Date signed 3 - 27 - 4;



(Date rec'd by registrar)

3. (b) Social Security Number

-4	OI DEATH	Reg. Dist. No.
2.	USUAL RESIDENCE (HOM (For newborn infants give residen	
	te VIZ.	County Frederick
CII	(If outside city or town	rleit Laville
Str	reet No	
	(If rura	l, give LOCATION)

MEDICAL CERTIFICATION

DURATION (Include pregnancy within 3 months of death)

Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County) (State) (City or town) Injured at home, farm, Industry, public place (where?) .....

Injured at work?

23. SIGNATURE



important.

WRITE PLAINLY, is especially

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH



02823

Day No. / 380

## 1. PLACE OF DEATH: 9 2. USUAL RESIDENCE (HOME) OF DECEASED: city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How lang in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION March deceased (mo., day, yr.) DURATION 8. AGE: 10. Usual occupation. 11. Industry or business 12. Name ... 13. Birthplace (Include pregnancy within 3 months of deuth) PHYSICIAN: Please underline the cause to which death should be obserged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? ...... (City or towo) (State) (County) Injured al homa, farm, industry, public place (where?) ..... Injured at work? Means of Injury Registrar | Address.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

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Reg. Diat. No. ...

1. PLACE OF DEATH:  County  Dity or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	2.(a) Il feleran, name war
3. (a) FULL NAME Lora J. Janison	3. (b) Social Security Number
4. Sex f 5. Color or race 6.(a) Single: married, wildowed, or divorced wildowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife to the deceased (mo., day, yr.) Sully 25 1875	21_I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4.5
8. AGE: Years Months Days It less than one day  71 8 3	Due to.
10. Usual occupation Housewife.  11. Industry or business  12. Name Leaving W. Best  13. Birthplace Fred & Co.	Oue to
13. Birthplace Tred. Co.  14. Maiden name. Catherine Crawer  15. Birthplace Fred. Co.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Intermant Miss Mena Jamesen  Address Welkersville	Antopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory  C	Accident, suicide, or homicide
Location Frederick  18. Funeral director Y. C. Barten	Injured at home, tarm, Industry, pub'ic place (where?)  Means of Injury  Injured at work?
19. 29 March 19.47 Elizabeth G. Hech.	23. SIGNATURE COSTUME M. D. or other  Address (D. S. D. S.

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APR 2 1947

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1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or the .....

4. Sex

7. Birth date of deceased (mo., day, yr.) Years

1D. Usual occupation..... 11. Industry or business 12. Name ..... 13. Birthpiace 14. Maiden name 15. Birthpiace

Cemetery or cremete

18. Funeral director

19. 8 March Date rec'd by registrar)

8. AGE:

(If outside city or town

5. Color or race

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 184

CERTIFICAT	TE OF DEATH Reg. Diat. No	2
	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	ع ار
imlts, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest to	wn)
death occurred:	Street No	
0 -	3. (b) Social Security Number	
Kosa C. JOH	+N30N NO	
6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION	
e Merriad	20. DATE OF DEATH. 15 march 19.47, at //	: 45P. M
nw. Johnson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19	m 19
6.(c) If alive, give age years	and that I last saw har alive on 16 March	19.4.7
Days If less than one day	Immediate cause of death	DURATION .
1.19		A.
county, and state)	Due to Gunahat wand 30	tr
ewite	Due to.	
E. Lewis	Other conditions	
HUNTER	(include preggancy within 3 months of death)	
will-, Md.	Major findings of operations to the Bate of op. 1.5 Mag	ur 47
1 do hanson	Actopsy results	ally.
3-18-47	22. VIOLENCE: If death was due to external gauses, fill in the following:	u.'47
(month) (day) (year)	Accident, sulcide, or homicide Charles Pate of 4 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ed
ille: Kid	(City or town) (Gounty) (State	
JUIL Con	Means of Injury curshat current Injured at work? No	
Found Md.	Charles N. Corley D.	m.D
Elizabeth J. Hech.	Address Frederick Md Date signed le M	
**************************************	Manage William Park alking a selection of the selection o	

de apport Fernale Limite Marriad RECRIVED MAR 20 1947 . b M . D. LEVY = 11 1 271:00 F - toware with doned . 5 done Find of well of (LICESTICKE) (CHICK) 

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02826

#### CERTIFICATE OF DEATH

1310

				ODICE IT TOLL	L O. DEILL.	Reg. Dist. No	
1. PLACE OF DEATH: County Frederick City or tear (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 years Hospital, institution, or street address where death occurred: 4 West Fourth Street How long in hospital or institution?  3. (a) FULL NAME  MINNIE M. LENHART					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Frederick  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 4 West Fourth Street  (If rural, give LOCATION)  None		
					3. (b) Social Security No		lumber
4. Sex	5.	Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
F		W	S		20. DATE OF DEATH March	21st, 1947	, 7 P
5.(b) Name of husband or wife					21. I CERTIFY that death occurred on the date ab	ove stated; that I attended decea 4.7. to March 7. 10. 21	sed from
8. AGE:	lears	Months 9	Days 27	tf less than one day	Immediate cause of death		
9. Sirthplace. Frederick County Maryland  (Town, county, and state)  At Home  10. Usual occupation. At Home  11. Industry or business  12. Name. Henry Lenhart  13. Birthplace Frederick County Maryland  14. Maiden name. Julia Ann Staley  15. Birthplace Frederick County Maryland  16. Informant. Miss Lillie Lenhart  Address 4 W. 4th St., Frederick, Md.				act,	Due to Core bear to  Due to Hyper feasors  Other conditions Deage fe	Cardia - discasa s Husellitos	1290
					(Include pregnancy within 8		
				derick, Md.	Actopsy resolts  PHYSICIAN: Please uoderline the caose to which death should be charged statistically.  22. VIOLENCE: tf death was due fo external causes, fill in Ihe following:		
Burial  (Burial, co-mation, or removal, White)  Cemetery or removal, Mount Olivet Cemetery				t Cemetery	Accident, suicide, or homicide	Date of	
Frederick, Maryland					Injured al home, farm, Industry, public place (	where?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral direct		MR	Etchi	son and Son	Maans of Injury	tnjured at work?	
Address				Maryland	an CLONATURE AMAS	lambana.	M. D.
19, 22 March 184 Elizabeth 4. Hella.  (Date rec'd by registrar)  (Date rec'd by registrar)					23. SIGNATURE	yland Date signed	3-22-47

MAR 25 1947

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Frederick			***************************************	State Maryland Coun	Frederick	**************
City or town	ederick ontside city or town li	nits, write R	URAL and give nearest town)			
Now long in above place	of death? Li	fetime	***************************************	City or town (If outside city or town limits,	write RURAL and give near	est town)
Hospital, Institution, or	r street address where	death occurred		Street No. 926 N. Market	Street	
926 N.	Market St	reet		(If rural prive)	LUCATION	
How long in hospital o	r Institution?	*************	***************************************	2.(d) If veteran, name war None	***************************************	***************************************
3. (a) FULL NAM					3. (b) Social Security 1	Vumber
	CARRIE IRE				None	
4. Sex	5. Color or race	6.(a)Singh	married, widowed, or directed	MEDICAL CE	ERTIFICATION	
Female	White	M	arried	20. DATE OF DEATH March 3rd	19.47	12:40Am
	Franc	is P.	Little	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	sed from
6.(b) Name of husband	or all carro	10.1.	4c	19.6	J. T. to Majach	19.4
7. Birth date of	••••••	6.(6	e) If eilve, give age65year	and that I last saw hat alive on the	reh 3 -	19.4.
deceased (mo., day,	yr.) March	21, 18	81	Immediate cause of death		DURATION
8. AGE: Year	months	Days	If less than one day			
65	111	10	hrsmln.	· Ocal Comans.	Montor	Zm.
		Freder	ick County. Md.	Due to	\$0.00.00.00.00.00.00.00.00.00.00.00.00.0	8020-10000000000000000000000000000000000
9. Birthplace Middle town, Frederick County, Md. (Town, county, and state)						
1D. Usual occupation. Housewife				Due to Arterias dur	2	***************************************
11. Industry or busine	22					000000000000000000000000000000000000000
				Other conditions Day perturne		
	Frederick					
				(Include pregnancy within 3 r		
14. Malden name				Misjer Hadings of operation		
2 15. Birthplace	Frederic	k Coun	ty, Md.		Date of op	
16 Informant	r. Francis	P. Li	ttle	Antopsy results		at tietically
	rederick,			PHYSICIAN: Flease underline the cause to wi		statistically.
				22. VIOLENCE: If death was due to external cau		
17. Burla	n. or removal, Which	Date ther	eot March 5, 1917 (month) (day) (year)	Accident, suicide, or homicide		
Complety of Acoust	St. Joh	ns Cat	holic Cemetery	Where did injury occur?(City or town)	(County)	(State)
Cemetery or cemetery St. Johns Catholic Cemetery Frederick, Maryland						
Location 4				Means of Injury	Injured at work?	
18. Funeral director.	C. E. (	line &	Son		9	m ox
Address	Frederi	ck. Ma	ryland	- an CHARTING (1. Chess	to Ceare.	11.1.
1, 1/2		0	of the starte	23. SIGNATURE		or other
19. H TV QA	ch 19.47		Registra	ar Address Tudionia	Pad Date signed.	1.7.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)



#### CERTIFICATE OF DEATH

1. PLACE OF DEATH.  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How tong In hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME Long Pobert 7	3. (b) Social Security Number
Male 21 Married widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 29 1947 21 // PN
6,(b) Name of husband or wife Land & Brandenbur 6,(c) If alive, give age 27, years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from march 29 19 47
7. Birth date of deceased (mo., day, yr.) Oct, 28, 1911	and that I last saw bear alive on Mack ag 19
8. AGE: Years Months Days If Jess than one day  35 5	Due to Sub- a cute rephosi
10. Usual occupation	Que to Myo cardia houfferray
12. Name. Harvy a. Long. Land.	Other conditions
14. Maiden name Sarah Steering  15. 8irthplace Frelerich & Zyd.	Major findings of operations
16. Informant Mys. Polart J. Forg. Address 24t aug 24d. R.J. D. 2.	Autopsy results
17. (Burlal, cremation, or removal, Whish?)  Date thereof. (Jay) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or promotory that the two and	Where did injury occur?
18. Funeral director Power Yartyler	Meens of injury Injured at work?
Address Woodsboro, Myd.	23. SIGNATURE Of. A. Vearre M.D.
19. 81 March 1947 Elizabeth of Hack	Addres Frederick, ml Date signed 199/4/

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

			139	١
Z.	Dist.	No.		

Re

1. PLACE OF DI	Frede	ri ck	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sana to rium, Maryland (If outside city or town limits, write RURAL and give nearest town)			siate Maryland county Allegany		
How long in above place Hospital, institution, of Marvland	ce of death?Sind or street address where	death occurred:	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 610 Virginia Ave. (If rural, give LOCATION)		
		nce 2/8/47	2.(a) tf veteran, name war		
3. (a) FULL NAM	ME Sie Lovel			3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White	Married	20, DATE OF DEATH March 9	19.47	, at 3:30 Am
7. Birth date of	D1	nan Lovell6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo February 8	ove stated; that t attended dece	ased from
8. AGE: Yea		Der 22, 1912    Days   If less than one day   15	Pulmonary Tubercu	losis	25 Mos
9. Birthplace	laska, W	• Va • county, and state)	Due to		
		Ĉe			
	John H.	Twigg	Dither conditions		
	Oldtown Dora Go	, Md. ldsborough	(Include pregnancy within 3 a		
15. Birthplace	Oldtown	, Md.	Major Budings of Optimization		
		igg, Brother	Actorsy results		
17. Burial, crematic	on, or removal, Which		22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
		est amatery.	Where did injury occur?	here?)	
1B. Funeral director.	John J.	Hafer	Mesns of Injury	Injured at work?	
Address	Cumberl	and, Maryland	23. SIGNATURE Plu Bae	en.	क क क
19. March	10 19 47 registrsr)	V-V-Oppor	Address State Sanatori	um, Md. Date signed.	3/10/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (83 0)

Reg. Dist. No. 131

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)			
County Frederick				
City or the Frederick (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Allegheny			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 years	Cipor town. [If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:				
Maryland State School for the Deaf	Street No			
Now long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
JOANN MARIE LOVERY	None			
4. Sex   5. Color or race   6.(a)Single, married; widowed, or diversed	MEDICAL CERTIFICATION			
Female   White   Single	20. DATE OF DEATH MERCLE 22 1947, at 7:30 Am			
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	19. 10. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
7 Pirth date of	and that I last saw h.c			
deceased (mo., day, yr.) December 15, 1935  8 AGE: Years   Months   Days   If less than one day	Immediate cause of death			
0. 1102.	Cerebral hemorrhage 2/2 hours			
11   3   7  hrs	min.			
B. Birthplace Illerslie Allegheny County, 11d. (Town, county, and state)	Due to			
10. Usuel occupation School Girl	Due to			
11. Industry or business				
[ 12. Name	Other conditions			
12. Name				
14. Malden name Pauline Lowery	(Include pregnancy within 8 mouths of death)			
	Major findings of operations			
15. Birthplace Ellerslie, Maryland	Bate of op.			
18. Informant Pauline Lowery	Autopsy results			
Address Ellerslie, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following;			
17 Buried Date thereof March 25, 191 (Burial, erapation, or removal, Which!) (month) (day) (year)				
Cemetery or commentary Cooks Mills Cemetery	Where did injury occur?			
Urmdman Da	Injured et home, farm, Industry, public place (where?)			
	Means of injury Injured at work?			
18. Funeral director H. A. Zeigler				
Address Hyndman, Pa.	23. SIGNATURE Bernard Shorrow M. D. Orother,			
	23. SIGNATURE M. D. or other, M. D. or other,			
19. 2 2 March 18 45 Elizabeth & Head	Actor Address Frederick Md. Bate signed Thank 22,41			
(Date fee a by registrar)	Unai Andrews			



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No.....

County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
Dora D. Marker	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mele white Married	20. DATE DE DEATH. 1942 2 2 1942 21 945 PM
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 5. to MACL 2. 219. 4. 7.  and that I last saw in Lamalive on Mach. 1. 19. 4. 7.
deceased (mo., day, yr.)	Immediate cause of death
o. Adz.	
9. Birthplace (Town, county, and state)	Oue to Deleision Suddenley
10. Usual occupation Ratired (Groce1)	Due to
11. Industry or business  12. Name Jah - H. Marker  13. Birthplace Middle town Md.	Other conditions
14. Maiden name Bartha Philhouse 15. Birthpiace Middletown, Nd	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mable F. Marker	Autopsy results
Address Middletown Ad.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Jakes The Leave terry	Where did injury occur? (City or town) (County) (State)
Location Boons boro, Md.	tnjured at home, tarm, industry, public place (where?)
18. Funeral director. G. Landlei, C. C.	Means of Injury Injured at work?
Address Middletown, Md.	23. SIGNATURE X E Harp, This
19. Mar 7 5 19 47 Marie Gladlill Registrar	Address Meddle four Date signed 3-23-47

MAR 31 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH Reg. Dist. No. 433

0	2	8	3	2	
				. ,	_

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Example 1	State Mid County Finaderick
City or town	City or town. Rus 1 1 1 2 3 X 1 1 6 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street address where death occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
71: 1 11 A M 1	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	_
Temele white widowed	20. DATE OF DEATH 16 March 19.47 215:30P
6.(b) Name of husband or wife Bear ge W. Marke!	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 19
7. Birth date of deceased (mo., day, yr.) February 6. 1865	and that I last saw harmalise on 6 March 19 4
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death.
82 \ 10min.	Caronery Marchan Sidery
9. Birthplace Wolfsville trederick Co. Md.	Due to
10. Usual occupation. Hause wite	Due to.
11. Industry or business	
12. Name Frederick Escart  13. Birthpiace Unknown	Dther conditions
~	(Include pregnancy within 8 months of death)
14. Maiden name Johnson	Majur fisdings of operations.
15. Birthplace Unknown.	
16. Informant donnie C Rager	Autupay results
Address Sabillsville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, flit in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Lucheray Lange Lery	Where did injury occur?
Location Myersville, Md.	Injured at home, farm, industry, public place (where?)
ali lili d	Means of Injury Injured at work?
18. Funerat director	00 0 10 10 10
Address Mildetown, M.	23. SIGNATURE Charles & Onley M. D.
19. Mac. 19 19 47 Hay M. Bittle Registrar	Address Teld . E Merce M.D. or other  Address Teld . Date signed 17 Mar 4.

MAR 20 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

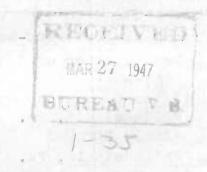
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02833

#### CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:  County Frederick  City or Frederick  City or City or the Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, institution, or street address where death occurred:  South Wisner Street  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Maryland  County Frederick  State  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  None
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT ohnstone /	MC (UTCHEON
4. Sex 5. Color or race 8.(a) Siagle, married, widewed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE OF DEATH 24 NIARCH 1947 at 6:00PM
6.(b) Name of hashend or wife Helen McCullough  6.(c) If alive, give age 52 years  7. Birth date of deceased (mo., day, yr.) April 16; 1893	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years   Months   Days   If less than one day   53   11   8	Immediais cause of death Thrombones Dustant
9. Birthplace. Frederick-Frederick-Maryland (Town, county, and state)  1D. Usual occupation. Manufacturer of Concrete  11. Industry or business Block	Due to
William O. McCutcheon  12. Name Philadelphia, Pa.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Annie Strubel 15. Birthplace Philadelphia, Pa.  16. Informant Mrs. Helen McCutcheon	Major findings of operations
16. Informant Mrs. Helen McCutcheon	Autopsy results
Address Braddock Heights, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crometery Mount Olivet Cemetery	Where did injury occur?
Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?
Address Frederick, Maryland	Olander 2 Coules & his
19. 2.5 March 18.47 Elizabeth y. Harla. (Date rec'd by registrar)  Registrar	23. SIGNATURE THE THIRD Examine Missorither  Address. The Brief Date signed 24 Mar. 47



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	E DEPARTMENT	
2411 N	Charles St. Baltimor	(071)

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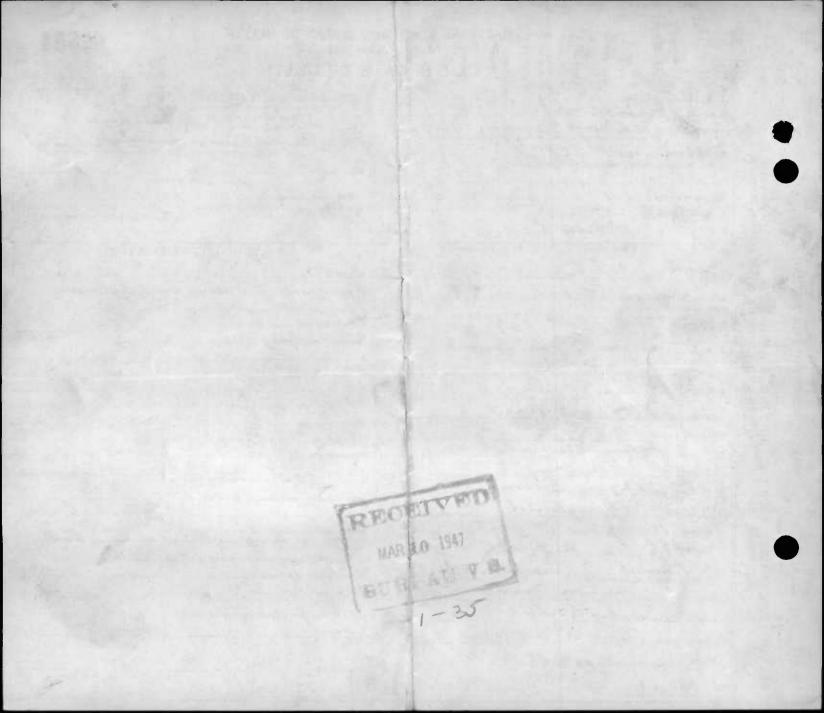
02834

# CERTIFICATE OF DEATH

Reg. Diat. No. / 320

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State  County  County  City or town.  City or town.  City or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veieran, name war
3. (a) FULL NAME Sarah Ellen Mc Das	3. (b) Social Security Number
4. Sex 4.	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1947 21 7 40
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan. 3 1838	and that I last saw h AV alive on MAAV 5 1944.7
8. AGE: Years   Months   Days   If less than one day   S 9	Immediai cause of death DURATION  Cerebral Sclerosis 2 WKS
9. Birthplace	Reneral arterio Sclervois
t 1. Industry or business	Dye to
12. Name John Grams	Other conditions
14. Maiden name Missish & Cocard	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthpiace Maryland	Date of op.
16. Informant hus John Mentzer	Autopsy results
Address RFD 68	22. VtOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremstion, or removal. Which?)  Cemeiery or crematory  Cemeiery or crematory  Cemeiery or crematory	Where did in jury orcur (City or town) (County) (State)
Location Bushells ville	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Off to 22 (2 ) Associated as the second of the sec	Means of injury Injured at work?
Address Burnswick Md	23. SIGNATURE J 2 Harp Mits
19. Mary Justian 19 47 Maire Klashill Registrar	Address Middletours Date signed 3-7-47

Hars.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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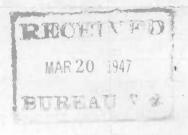
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

# CERTIFICATE OF DEATH

(12835 Reg. Dist. No. / 3 440

City or town	derick Co.,  Marylan	d	sburg URAL and give nearest town)	20000	County . The Count	
Hospital, Institution, or	street address where c	leath occurred	l:	Street No	zive LOCATION)	
	r Institution? 6	years		2.(a) It veteran, name war		
3.(a) FULL NAM Agnes	e McGlannan	(Sis	ster Mary Agnes)		3. (b) Social Securit	ty Number
4. Sex	S. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
<b>Eemale</b>	White	Sis	ter of Charity	20, BATE OF DEATH Mare	h 15 1947	7 4 4 A.
	Sont	6.(	c) It alive, give ageyears	21. I CERTIFY that leath occurred on the date	Eurel 14	1947
8. AGE: Year	s   Months	Days 28	It less than one day		urdio-	
t0. Usual occupation.  11. Industry or busines  12. Name	Teaching omas McGlar	ng nanan Down	· Ireland	Due to	n 3 months of death)	years
15. Birthplace	Catheri County Long ster Rosa,	gford, Assis	Ireland tant Emility	Antonsy results	Date ot op	
	t. Joseph':			PHYSICIAN: Please underline the cause to		ed statistically.
Burial (Burial, cremation	st. Josemmitsburg,	eph's	eot March 17, 1947 (month) (day) (year) Private Cemetery and	22. VIOLENCE: It death was due to external Accident, suicide, or homicide Where did injury occur?(City or tow Injured at home, tarm, Industry, public place	Bate ot	(State)
Address 19. Mars.	Sd. all Enni 15 1147	ison	Ind I hay	Mesns of Injury  23. SIGNATURE		D, or other



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information carefully of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

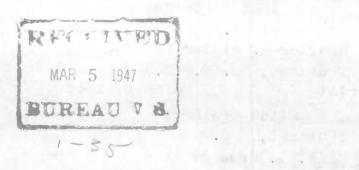
2411 N. Charles St., Baltimore 480

Reg. Dist. No. 1440

#### CERTIFICATE OF DEATH

	/		-5	
<ol><li>USUAL RESIDENCE (For newborn infants</li></ol>	give residence of	mother)		
State Maryland	Cor	unty Fr	ederic	k
Thur	mont.	R.F.D	) .	
City or town (1f outside	city or town limit	s, write RUI	RAL and give n	earest town)
Street No				
	(If rural, give	LOCATION	)	
2.(a) If veteran, name war	NO			
	1.0	3. (b) S	ocial Securit	y Number
		22	0-03-4	016
N	MEDICAL C	ERTIFIC	CATION	
2D. DATE OF DEATH	March	2,	1947	8:10 I
21. I CERTIFY that death occu	irred on the date ab	ove stated; th	at I attended de	ceased from
	t9.			
and that I last saw h 52	alive on Ma	rch o	2	19.4.
Immediate cause of death	Carcino	ma .	of utine	DURATION
Immediate Cause of Geath			9	- 2 -4405
				2 77
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Due to				
Due to				
Due to		•••••		
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Due to	()			5 ms
Due to	O semanay within 3	months of de	eath)	
Due to	O semanay within 3	months of de	ath)	
Due to	O semanay within 3	months of de	ath)	
Due to	O semanay within 3	months of de	ath) CG Date of op. A.	
Dither conditions S. S. C. C. (Include pro	egnancy within 3 Corcu	months of de	Date of op. A	
Differ conditions S. S. C. C. C. (Include promajor findings of operations	egnancy within 3  Carcin  Clone	months of de	Date of op.	rvix of
Dither conditions S. S. C. C. (Include pro	egnancy within 3  Carcin  Clone	months of de	Date of op.	rvix of
Differ conditions S. S. C. C. C. (Include promajor findings of operations	egnancy within 3  Corcu	months of de	Date of op. A.	rvix of
Due to	egnancy within 3  Corchi  Anne ine the cause to w s due to external ca	months of de	Date of op. J.	rvix of
Other conditions S. S. C. Conditions S. S. C. Conditions S. S. C. Conditions S. S. C.	connect within 3  Corchi  corc	months of de	Date of op. J	rvix of
Other conditions Secondary  (Include promise of operations of operations of operations of operations operations)  Antopsy results. Secondary  PHYSICIAN: Please underlied of operations operations operations operations of operations operations operations of operations operatio	egnancy within 3  Corchi  Corchi  Corchi  inc the cause to w s due to external ca	months of de	Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  County)	rvix of
Other conditions S. S. C. Conditions S. S. C. Conditions S. S. C. Conditions S. S. C.	egnancy within 3  Corchi  Corchi  Corchi  inc the cause to w s due to external ca	months of de	Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  County)	rvix of 1 28/19
Other conditions Secondary  (Include promise of operations of operations of operations of operations operations)  Antopsy results. Secondary  PHYSICIAN: Please underlied of operations operations operations operations of operations operations operations of operations operatio	egnancy within 3  Corchi  Corchi  Corchi  inc the cause to w s due to external ca	months of de	Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  Date of op. J.2.  County)	rvix of 1 28/19

1. PLACE OF DEATH: Frederick Thurmont, R.F.D. (If outside city or town limits, write RURAL and give nearest town) Mosnijai, institution, or street address where death occurred: How long in hospital or institution?.... 3. (a) FULL NAME Mary Ellen Miller. 6.(a) Single, married, widowed, or divorced 5. Color or race Married Female White Charles E. Miller. 51 April 9, 1896 deceased (mo., day, yr.) It less than one day 8. AGE: 50 23 IO Thurmont, Frederick Co., Md.
(Town, county, and state) Laborer tD. Usual occupation..... Thurmont Canning Factory tz. Name Andrew Brown. 13. Birthplace Maryland. t4, Maiden nat Malinda Dinterman Maryland. Charles E. Miller Thurmont, Md. R.F.D. Date thereot March 5, 194
(month) (day) (year) Burial (Burlal, cremation, or removal, Which?) United Brethern Md. Thurmont, M. L. Creager & Son 18. Funeral director. Thurmont, Md. Address Blanche mar. 3 1947 (Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore /3/2/

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick City or town Brunswick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
527 Brunswick S7  How long in hospital or institution?	(If rnral, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  FINA S. Mirely Mi  4. Sex   5. Color or race   6. (a) Single, married, wide ed, or divorced	NOY. 3. (b) Social Security Number 215-18-1038
F. W Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH March, 12 19.47 at 1:30 P.
B.(b) Name of husband one Herbert 3 Minor S.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from  Marchy Ty 1947, to March 12 1947  and that I last saw h 12 aive on March 17 1949.
7. Birth date of deceased (mo., day, yr.) Feb. 24, 1876  8. AGE: Years Months Days If less than one day	Immediate cause of death  Carabara Rundrhage  DURATION  Say
9. Birthpiace Sandy Hook Wash, Co. Md.	Due to Chronic pyperturing pephilis (7)
10. Usuai occupationHouse Reeper  11. Industry or business Sch Nauffer Hospital	Due to
12. Name George F. Mirely 13. Birthplace Wash, Co., Md.	Dither conditions
14. Malden name Nora Rosina Hammond. 15. Birthpiace No history	(Include pregnancy within 3 months of death)  Major findings of operations.
Addres 5822 Jonavil Ave. Balto 15,Md	Autopsy results
17. Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Shepherdstown, W. Va.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Horacero Cerry 10, War.	Means of injury Injured at work?
19.3 - 15 - 19.4) Eugenia H. Burk (Date ree'd by registrar)	23. SIDNATURE M. D. or other  Address Date signed 34. 244.7

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7

# CERTIFICATE OF DEATH

\*()2838 Reg. Dist. No. /370

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Triderick	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Tudence
(If outside city or town limits, write RURAL and giv nearest town)	no Leke tisterere
How long in above place of death?	(If outside city or town limits, write RULAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5.(0) 10111 10111	5. (0) Social Security Number
Watter Chulyane Mon	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Character of the same
m w widowed	20. DATE OF DEATH ALL CONTRACTOR OF DEATH ALL CONTRACT
1 N B 4	
6.(b) Name of husband or wife Mull of Jostian	21. I CEBIJFY that death occurred on the date above stated; that lastended deceased from
	15 7 7 19 19
7. Birth date of	and that I last saw har alive on Dr. Com J. 1944
deceased (mo., day, yr.) (et 1, 1871	
	Immediain cause of death DURATION
8. AGE: Years Months Days If less than one day	Man Million of the
7.5 5 6min.	
and to do	
9. Birthplace	Due to
(Town, county, and state)	
10. Usual occupation. Ferrus Calores	
	Due to
11. Industry or business	
12 Hame Jackarias Mort	Other conditions.
12. Hame Jachanias Mort 13. Birthplace Carrale Co.	
	(Include pregnancy within 3 months of death)
14. Malden name Do Neat Russi	
14. Malden name Wo Nest Russi	Major findings of operations.
≥ 15. Birthplace	Date of op.
16 Informant Clarence Postion	Autopsy results
Ct a 4	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Leherty lovere	
P. A Tomaral Wall	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Deaven Dans	Where did Injury occur?
3. 11. Bridge	
Location ar will runge	Injured at home, farm, Industry, public place (where?)
4. P. King to	Means of Injury Injured at work?
18. Funeral director	() of be 1 2.1
Address 10 belters welle	LA. MILASIN MIN
4 5 11 11 11 11 11	23. SIGNATURE
Derek 18 91 Ora- O Ceresman	M. U. Drother C
(Date rec'd by registrar) Registrsr	Address Addres

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WRITE

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Address

(Date rec'd by registrar)

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correct age

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1. PLACE OF DEATH:

How long in above place of dealh?.....

How long in hospital or institution?.

6.(b) Name of husband or wife .....

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation.

11. Industry or business

8. AGE:

Hospital, Institution, or street address where death occurred:

RNEST

Months

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

Date thereof.

It less than one day

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

23. SIGNATURE

# ()2839 Reg. Dist. No. 13

#### CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No. 3	
W: 1-11	DECEASED: oother) write RURAL and give nearest town)	
Street No	OCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security Number	
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH 12 MARCH	1947 at 5:25P	
21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from	
Muler 19	to	
and that I last saw h. Land after on 12	march 1947	
	DURATION /2. Lr	
Due 10		
Due to		
Dther conditions		
(Include pregnancy within 3 me		
Major findings of operatioes	***************************************	
	Date of op.	
Autopsy results	***************************************	
22. VIOLENCE: If death was due to external cause	Date of 12 march 47	
Accident, suicide, or homicide accident	Fred We	
Where did Injury occur? middletous (City or town)	(County) (State)	
Injured at home, farm, Industry, public place (whe	ro?) State Nogline	
Msens of Injuranto accident Injured at work? No		
21'/	A .1' O 10 10	

2411 N. Charles St., Baltimore 53

Reg. Dist. No. 137

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town  (If Jutaida city or town limits write RURAL and give nearest town)  How long in above place of death?  Hospitel, Institution, or street address where neeth occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanty give residence of mother)  Slate
3. (a) FULL NAME	
Cornelius Joseph Wor	3.(b) Social Security Number
Wale Chile Sungle married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH March 24 1947 of 7 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar 20 1947 to Mar 24 194
7. Birth date of 74/ 15 191/	end thet I last saw h. ing alive on
deceased (mo., day, yr.)	Immediate cause of death
7/ 0 //	Curhal spinal
//hrsmin.	Illamention.
9. Birthplace Anderich (Towy county) Mil	Due to Q are non y Jace
10. Usuel occupation Meschant	•
1 0 84	Due to
11. Industry or business	
12. Neme Laward Moonan  13. Birthplace Seland	Other conditions
14. Maiden name Ellen Riordan  15. Birthplace Ireland	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace reland	Date of op.
16. Informant was albert Logie	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Delegylown Many and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Dale thereof War 27-199  (month) (day) (year)	Accident, suicide, or homicide
1407	
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)
Location allege of Courses Courses	Injured at home, farm, Industry, public place (where?)
18. Funoral director forgiel faced Hartzler	Meens of Injury thjured at work?
and the state of t	23. SIGNATURE M. D. or other
19. Nach 26 19 41 Cra. A. Cunfra.	Address Musin ( Into Bate signed 3-25-4)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

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# VS A15

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

# CERTIFICATE OF DEATH

(12841 Reg. Diat. No. 1411

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Frederick	State Maryland county Frederick
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 14 years Hospital, institution, or street address where death occurred:	City or town
25 East C	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME I da Jane Mull	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20. DATE OF DEATH Flanch 2 19 47, at 1/80
6.(b) Name of husband or wife J. A. R. Mull	21. I CERTIFY that death occurred on the date above stated: that I attended deadsed from
	19.75 , to 19.75
7. Birth date of deceased (ma., day, yr.) Christ 3rd 1856	and that I last saw h. 41. alive on 19 7
8. AGE: Years Months Days If less than one day	Immediate cause of death
90 10 29 hrs. min.	Maybe Hait plusere 18 74
9. Birtholace Maryland	Due to Thronge
(Town, county, and state)	
1D. Usual occupation. Housewife	Due to
11. Industry or business Arme.	
12. Name Alfred Hall  13. Birthplace Maryland	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name. Ussikususus 15. Birthplace Unknows	Major findings of operations
15. Birthplace Unknown	Date of op.
16, Informant G. C. Mull	Antopsy results
Address Brunswek Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Burial Bate thereof Mar. 5, 1947	22. VIOLENCE: 1t death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory authorsau	Where did Injury occur?
Location Creagerstown md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Co. N. Feete & Bio	Means of Injury Injured at work?
Address Brunewick Md.	11 H. Samedon To
mal it is the 1/ B.	23. SIGNATURE M, D, or other
(Date rec'd by registrar) (Aller O. Aleston	Address Sureville 150 Date signed 1/4/4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
7 / / 0	State Manyland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	med Libertytown
How long in above place of death?	(If outside city or town limits, write RURAL and give pearest town)
Evergency Hospital	Street No (If rural, give LOCATION)
How long In hospital or Institution? 5 days	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Esdward Al Oren	
4. Sex 5. Color or race 6.(a) Single; married, widowed, and divorced	MEDICAL CERTIFICATION
M Colored yarred	20. DATE OF DEATH March 5 1947 at 3:1517.
6.(b) Name of hundred or wife, Sanda 1/1 Dorsey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 1 18 4 1 10 March 5 19 4
7. Birth date of	ni and the
deceased (mo., day, yr.) Har. 2 1871	and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Immediais cause of death DURATION 1. Arteria - sclerosisc Cardis- voccular 10 years
76 0 3min.	ases.
9. Birthplace Martgoney 60 24d. (Town, county and state)	Due to 2 Congestive heart failure 2 months
7 21-00	
1D. Usual occupation	Due Io.
11. Industry or business	
12. Name 22.	Dther conditions
a 13. Birthplace 14 or 19 or 1	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Wouldgonery Ev. 24d.	Date of op.
16. informant Mys. Edward Done	Autopsy results
Address Union Bridge Upd Ports	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" Burise mar 8, 1947	22. VIOLENCE: tl death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory John allesleys	Where did injury occur?
Location Liberty town 2/d.	Injured at home, farm, industry, public place (where?)
10 - 28 - 26 tiles	Means of Injury Injured at work?
18. Funeral director	2 11 20
Address allows of Mac.	23. SIGNATURE / Sernard Humas J. M.V.
19. Thank 19.41 Eliabeth Ttalk. (Date rec'd by registrar)	Address Frederick, Md. Date signed March 7, 4;



### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

	les St., Baltimore (440)	
CERTIFICAT	TE OF DEATH Reg. Diat. No. 131	
1. PLACE OF DEATH: County Frederick City-o-lown I jamsville - Rural (If outside eity or town limita, write RURAL and give nearest town) How long in above place of death? 20 Years Hospital, Institution, or street address where death occurred: Near Urbana How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  State I jamsville - Rural (If outside city or town limits, write RURAL and give nearest town)  Street No. Near Urbana  (If rural, give LOCATION)  2.(a) It veleran, name war. None  3. (b) Social Security Number	
GUY IGNATIUS PLUNKARD	None	
4. Sex 5. Color or race 6.(a) Single; married, widowed, or divorced M	MEDICAL CERTIFICATION  March 21st, 1947 at 11 A	
6.(b) Name of husband or wife Emma Leather  5.(c) If alive, give age 61  7. Birth date of deceased (mo., day, yr.) June 11, 1882	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19	
8. AGE: Years   Months   Days   If less than one day   64   9   10   hrs.   min.	Immediate cause of death  Perforation of heart  Smight  Due to Qua Shot wound	
10. Usual occupation	Oue to	
13. Birthplace Frederick County Maryland  Handlen name Maggie Engle  15. Birthplace Frederick County Maryland	(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant Mrs. Emma L. Plunkard  Address Ijamsville, Md R. F. D.	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial 3/24/47  (Burial, coomailon, or removal, Which)  Cemetery or gramatory Mount Olivet Cemetery	Accident, suicide, or homicide. Suicide Dale of March 21,  Where did injury occur? I murrill Frederick Md.  (City or town) (County) (State)	
Frederick, Maryland	figured at home, farm, industry, public place (where?)	
M. R. Etchison and Son  Address Frederick, Maryland	Bernard Human J. Deputy Medics  23. SIGNATURE Examiner	
19. 22 March 18 47 Elizabeth & Hech. (Date rec'd by registrar)  Registrar	Frederick Manuland 3.22 4	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

# CERTIFICATE OF DEATH

(12844 Se. Dist. No. 1310

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in that a give residence of mother)  State Ray County County County Clif outside city or town limits, write RURALAnd give nearest town)
How long In above place of death?  Hospital, institution, or street address where death occurred.  Acknowledge of the street address where death occurred.	Street No. (If rural, give LOCATION)
3. (a) FULL NAME  Saly Cottenlee	2.(d) 11 veteran, name war
4. Sex School S. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19 47 21 7 7 21
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. Certify that death occurred on the date above stated; that I attended deceased from 19. 47.  and that I last saw h 2. 2 alive on 19. 7.
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  The state of the state	Immediair cause of death DURATION  Promoturely 5 2005
9. Birthplace (Town, county, and state)	Oue to
11. Industry or business  St. Control of the contro	Due to
12. Name 12.	(Include pregnancy within 3 months of death)
14. Maiden name les light Bare 15. Birthpiace Manager Co. Manager	Major findings of operations.  Date of op.
Address Merguery Arry - Fredly, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which;)  Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director G. & Troub South	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Working - Treducis Co. Wangland.  19. March 1944 Chialthy Helds Registrar Registrar	23. SIGNATURE M. U. J. Baur J. M. D. or other  Address Julius M. Date signed 3/5/4/



# CERTIFICATE OF DEATH

The Later of the L	2411 N. Charles St., Battime	ore 83-0	270 1 - 107
	CERTIFICATE OF D	EATH Rep	r. Diat. No.   3
1. PLACE OF DEATH:	2. USUAL R	ESIDENCE (HOME) OF DECEAS	ED:
ounty reduced		2 0	reclaunt
(If outside city or town limits, write RURA		County County	
ow long in above place of death?	II Pity or Anti-	(If outside city or town limits, write RUI	RAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No.	710 71. 740	Let St
Frederick as Enery	serry Horpital	(If rural, give LOCATION	<b>(i)</b>
low long in hospital or institution?	2.(a) if veteran	, name war	
3. (a) FULL NAME	D	3. (b) 5	Social Security Number
Emma lin	n legan		none
4. Sex 5. Color or race 6.(a)Single, ma	reled, widowed, or divorced	MEDICAL CERTIFIC	CATION
emale white un	dewed	mar 12	19.47 at 10
72	ZU, DASE UP DE	hat death occurred on the date above stated; t	
6.(b) Name of husband or wife	21.1 CERTIFY	hat death occurred on the date above stated; to	march 12 19
	alive, give ageyears	1	d 12
7. Birth date of deceased (mo., day, yr.) Gell 17	1856	saw h.C. alive on	DURAT
Beeceases (mo.; as); )	I less than one day	se of death	2 06
0-11 31	hrs,min.	mounty	
Richalde Frederick, Frede			
9. Birthplace (Town, county, and state	Due to	•••••••••••••••••	***************************************
to. Usual occupation.			***************************************
11. Industry or business	Due to		
		Arterio-sclorose	
12. Name Dang Jone  13. Birthplace Frederich &	The document of the conditions		***************************************
		(Include pregnancy within 3 months of de	eath)
14. Maiden name Many Gr t5. Birthplace Fucles	Major findings	uf uperatiuus	
\$ 15. Birthplace Flechent	2		.Date of op
16. informant hus many to	Pine Aniopsy result	3	***************************************
1.0/1	PHYSICIAN:	Please underline the cause to which death s	hould be charged statistically.
Address Statemy,	2/10-/42 22. VIOLENCE	E: tf death was due to externat causes, fill in th	he following:
(Burial, cometion, or removal. Which?)	month) (liay) (year) Accident, suick	de, or homicide	. Date of
2. + DO:		y occur?(City or town)	(County) (State)
Cemetery or stametery	¬ -//	(City or town)  e, farm, Industry, public place (where?)	
Location	Manage Links		jured at work?
18. Funeral director.	Gart Co Means of Injury	In	Juleu at Work!
		01	. / / / /
Address Frederick	md	Berund Hum	rast Nal)
Address Frederick	23. SIGNATURI	Bernard Hum	M. D. or other  Date signed Mar. 13

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

# CERTIFICATE OF DEATH

()2846 Reg. Dist. No. 139

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Prince George City or town Seat Pleasant (If outside city or town limita, write RURAL and give nearest town)  Street No. 6315 Field St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Ruth I. Sampson	3. (b) Social Security Number 578-36-5164
Female White Separated	MEDICAL CERTIFICATION  20. DATE OF DEATH March 5 19.47 218:55A
Charles J. Sampson  6.(b) Name of husband XXX Charles J. Sampson  6.(c) If alive, give age 30 years  7. Birth date of deceased (mo., day, yr.) November 1, 1924  8. AGE: Years Months Days If less than one day 22 4 4 hrs. min.  9. Birthplace Washing ton, D.C. (Town, county, and atate)  10. Usual occupation Auditor	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from August 26  19.46  19.46  19.44  and that I last saw her alive on March 5  19.44  Immediate cause of death Pulmonary Tuberculosis  Due to  Due to
12. Name Peter R. Oliver 13. Birthplace Washington, D.C.  14. Maiden name Irene E. Clark 15. Birthplace Washington, D.C.  16. Informant Mrs. Irene E. Oliver (Mother)	Major findings of operations.  Date of op.  Autopsy results.  Date of op.
Address 6315 Field St., Seat Pleasant, Md.  17. (Remover of Buriel Bate Hereof Than S. 1947  (Burial, cremation, or regoval, Which?)  Demetery or crematory (Sugressional Community (July 1962)  Location 180/ESISE Lunch D.C.  18. Funeral director.  M. L. Creager & Son	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Address Thurmont, Mary land  19. March 6 19. 47 Resultant	23. SIGNATURE A. W. Bacci  Address State Sanatorium, Md. Bate signed 3/5/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 8350



# CERTIFICATE OF DEATH

★ 02847
Reg. Dist. No. 1411

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Thought County Figler
(If outside city or town limits, write RURAL and give nearest town)	City or town (1) outside city or town limits, write BURAL and give nearest town)
How long in above place of death?	375-11/2 + 45
325 West Petimae	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Ida Elizabeth She	Meng 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple white widow	20. DATE OF DEATH March 20 1947 at 6 4 M
6.(b) Name of husband or wife Joseph & Shilling	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of deceased (mo., day, yr.) Alley 28 - 1872	and that I last saw it
8. AGE: Years   Months   Days   It less than one day	Immediais cause of death Cerebra / hemorrhage 2 minutes
74 6 22mln.	
19. Birthpiace Usiginia	Due to Hypertension
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Jacanan 63	Dther conditions
	(Include pregnancy within 3 months of death)
To Is. marter name.	Major findings of operations
ž 15. Birthpiace	Date of op
16. Intermant. Ohasles 0.3	Antopsy results
Address Brunswick Md	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cametery or crematery.	Where did laiury occur?
Cemetery or cremater.	(City or town) (County) (State)
Location	Meens of injury Injured at work?
18. Funeral director	Bernard Homes Jy. Jn. V.
Address / Successive Mod	23. SIGNATURE Asst. Defuty Medical - Kannell
19 March 20 19 47 Kathryn H. Brown	M. D. or other
(Date rec'd by registrar) Deputy Registrar	Address Date signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

## CERTIFICATE OF DEATH

@ 02848 Reg. Dist. No. 14

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. The state of the state	maule 1	
(If outside city or town limits, write RURAL and give nearest town)	10 17-11-4	
How long in above place of death?	City or town	est town)
Hospital, institution, or street address where death occurred:	0017 111.11. 1. 00	
?	Street No. A.C. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME	3. (b) Social Security No	
KOGER E. SIGA	FOOSE 217-05-0	3/75
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
$M \cup W$	20. DATE OF DEATH MARCH 15 1847.	at
6.(b) Name of husband or wife mangant Dagenhart		
6.(b) Name of husband or wife	NEVER 18 to	
7. Birth date of	aed that I last saw h/M DENO 31 MARCH	1047
7. Birth date of deceased (mo., day, yr.)  Aug 3 1 at 1894		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
52 6 14hrsmin.	Cypanic	
And I		
9. Birthplace	Due to	
(Town, county, and atate)		
1D. Usual occupation	Due to	
11. Industry or business Chemical July 11.		
= 12. Name C Zhward Digasore	Other conditions	
12. Name. C. Edward Signification 13. Birthplace		
	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
15. Birthplace Md	Date of op	
2. You Brown all	Antopsy results.	
16. Informant Miss State Victoria	PHYSICIAN: Please underline the cause to which death should be charged str	atistically.
Address O Dunswelch 190	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Rurial cremation or removal Which?)  (Rurial cremation or removal Which?)  (month) (day) (year)		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, Sub-go, et al-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cemetery or crematory	Where did Injury occur?	(State)
Ballimore Md	Injured at home, farm, Industry, public place (where?)	
1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Means of Injury injured at work?	
18. Funeral director	10 .	1 0
Address Brunswick Md	Charles TX Ceriley &	M.W.
Chul / the Kather N Beans	23. SIGNATURE Deputy med . Examing Mp. or	other
19. (Date ree'd by registrar)	Address Frederick Mangley Oate signed 3.	1 march 47

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

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#### CERTIFICATE OF DEATH

1310 Reg. Dist. No.

1. PLACE OF DEATH:  County Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Enadoni ale		State Maryland Cou	Frederick			
(1/ 0	utside city or town li	mits, write R	URAL and give nearest town)	Frederick		
How long in above place	of death? 25	rears	3	(If outside city or town limits		arest town)
Hospital, Institution, or	street address where t South			Street No. 310 West South		
OTO MAS	o Boutin i	201.666	<b>!</b>	(If rursl, give None		
How long in hospital or			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAMI					3. (b) Social Security	
	CALVIN	DAVII	STEELE		214-10-17	53
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
M	W		M	20. DATE OF DEATH March 3	Oth. 1947	3:40P m
6.(b) Name of hysband	Vina	A FIG	Aboors	21. I CERTIFY that death occurred on the date abo		
6.(b) Name of hesband	er wife		12		44 to March	
7. Birth date of	••••	6.(	e) If alive, give age 43 years	and that I fast saw h from alive on 22		18 X T
deceased (mo., day, y	Tarano	24, 18	382	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Carringuma	feelen	y yes?
64	9	6	hrsmln.			
s. Birthplace Frederick County Maryland		Due to		***************************************		
(Town, eounty, and state)  1D. Usual occupation Operated Molding Machine			***************************************	***************************************		
10. Usual occupation		Due to		***************************************		
12. Name Isaac Steele 13. Birthplace Frederick County Maryland			Sco es	7.703		
		(Include pregnancy within 3	months of death)			
14. Maiden name Alice Rebecca Wilhide 15. Birthplace Frederick County Maryland 16. Informant Mrs. Virgie Steele		Major findings of operations JV /2	1844- Caren	roma.		
2 15. Birthplace F	rederick	Count	y Maryland	of colon	Dale of op	
16. Interment Mr	s. Virgi	Stee	ele	Autopsy results		
			Frederick, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
		22. VIOLENCE: If death was due to external car	uses, fill in the following:			
Burial (Burial, cremetion, or removal, White:)  (Burial, cremetion, or removal, White:)		Accident, suicide, or homicide	Dale of			
Cemelery or cremetory Mount Olivet Cemetery		Where did injury occur?(City or town)	(County)	(State)		
Frederick, Maryland			aryland	injured at home, farm, industry, public place (w		······································
	M. R. I	Etchis	son and Son	Meens of Injury	tnjured at work?	
18, Funeral director	Freder	ck.	aryland	1000		
Address Frederick, Maryland		23. SIGNATURE	or lum	M. D.		
19. 31 Man	ch18.H.)	56	jalutta J. Heck.	Address Frederick, Mar	M, D.	3-31-47



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  4. Sex   5. Color or race   6.(a) Single married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
6.(6) Name of husband or wife S Petroton Stull  6.(6) Name of husband or wife S Petroton Stull  7. Birth date of 3 Second Stull	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  August 19.47.  end that I last saw h. Saw alive on march 6. 19.47.
8. AGE: Years Months Days tf less than one day  7 7 / 0 / hrs. min.  9. Birthplace A Manager (Town, county, and state)  10. Usual occupation. Retained.	Immediate cause of death my carriers DURATION  2  Due to  Due to
12. Name Jahne It Muller 13. Birthpiace Hoodsbore Md.  16. Informant Mass Janlia Hallhide.	Other conditions Arthrivsclerosis ?  (Include pregnancy within 3 months of death)  Major findings of operations Poster  Date of op.
Address  17. Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Date thereof  (month) (day) (year)  (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
19. Mar. 17 1947 Blanche & Eyles	23. SIGHATURE 91. Franklin Brish Iller Thursday Week 17 184

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2411 N Charles St Reltimore Qua

1310 Reg. Diat. No.

	2411 14.	Charles 5	Li, Dail	1111016 (940)
CER'	TIFI	CATE	OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Julian State County	1 . 1 . Liedersch
(If outside tity or town limits, write RUKAL and give nearest town)	
How long in above place of death?35.	or town
Hospital, Institution, or street address where teath occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
	ULL
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W Widawed	20. DATE OF DEATH / 6 march 1947, 21 7:00 17 M
Batter Shousele	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of Ausband or wife of State	Mule 19 10 19
7. Birth date of	and that I last saw h loss died / 6 march 47 19
deceased (mo., day, yr.) Lone 18 1874	Immediate cause of death
8. AGE: Years Months Cays If less than one day	0
72 8 28hrsmin.	Caronary Thromboses mrt
Todaich Const	
9. Birthplace	Due to
10. Usual occupation La Tor	
	Due to
11. Industry or business	
12. Name Landerica Count	Other conditions
	(Include pregnancy vithin 3 months of death)
14. Maiden name 6 mmar T. Filogas.  15. Birthplace & Malerick Character	Major findings of operations.
15. Birthplace A rolleville Procunts	major rindings of operations
2 10 Pleas 12 mary 1	
16. Informant	Autopsy results
Address Walkerworks	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof mar 19 1947	Accident, suicide, or homicide
(Burial, oremation, or removal, Which)  (Burial, oremation, or removal, Which)	
Cemetery or exematory MSCA	Where did injury occur?
Location hear Luis foron	Injured at home, farm, Industry, public place (where?)
1. 10 Barton	Means of Injury Injured at work?
18. Funeral director.	
Address Malpegeville	Charles & Careley or M. C.
12 man of 112 80. O to be though	23. SIGNATURE D.D. or other
(Date rec'd by registrar)  Registrar	Address Frederick Mid Date signed / ? Micr. 4)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 83

02852

### CERTIFICATE OF DEATH

Reg. Dist. No. 1440

	rederick			(For newborn in	nfants give resident	ee of mother)		
City or town	ewistown	- rural	L and give nearest town)	State Mary	land	County	ederic	K
How long in above place	of death?	7 years	L and give nearest town)	11	ewistown utside city or town i	- rura limits, write RUR	AL and give ne	arest town)
				Street No	(If rural	give LOCATION		************************
How long in hospital or	Institution?	•••••	***************************************	2.(a) If veteran, name	warN	0	***************************************	
3. (a) FULL NAMI	E						ocial Security	Number
	Tho	mas Mic	hael Stull				None.	
4. Sex	5. Color or race	6.(a)Single, mar	ried, widowed, or divorced		MEDICAL	CERTIFIC		
Male	White	Wic	dowed	20. DATE DF DEATH	March	I4,	1947	2:15 AM
8.(b) Name of husband	or wife Minni	Le Smith	n Stull	21. I CERTIFY that deal				
			live, give ageyears					14 19 47
7. Birth date of deceased (mo., day, y	Mane	h 8, 18		and that I last saw hk	alive on	March	2 1.31	
8. AGE: Years			less than one day	Immediate cause of de	eatb	***********************		. DURATION
85		6		Larel	bal The	um la	2	3 days.
e Riethniace Be	thel, F	rederic	k Co., Md	Due to				
	(Town, c	county, and state)	······································	<b>D</b>				
10. Usual occupation	Recired	***************************************		Due to	*******			**
11. Industry or business				,	*******************************			** ************************************
12. Name	George			Other conditions			•••••	* *************************************
	Bethel,				ide pregnancy with			
置 14. Malden name	Mary St	rafer	•••••					
14. Malden name 15. Birthplace	Middlet	own, M	ld.	Major findings of oper				
	Irs Luthe	r Powel	1	Autopsy results				
To. Information	Lewistown			PHYSICIAN: Please u	inderline the cause t	to which death she	ould be charged	
17. Buri	al	Note thereof	March 16, 19	22. VIOLENCE: If dea				
(Burial, cremation,	or removal. Which?)		(month) (day) (year)					
Cemetery or cremator	, Charl	esville	•	Where did injury occur	(City or to	wn) (C	County)	(State)
	arlesvil			Injured at home, farm,	Industry, public place			
1B. Funeral director	M. L. C	reager	& Son	Means of Injury		[n]u	red at work?	
Address	Thurmon	t, "d.			Jan 3	Le	mil	).
19. May 1 2 (Date rec'd by reg	)—19.#.7. gistrar)	Blan	else S. Eyler Registrar	23. SIGNATURE	Lament	Cha	A	or other

MAR 19 1947
BUREAT 8

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

02853

### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF I	DEATH	: _1_			2. USUAL RESIDENCE (HOI (For newborn infants give resi	ME) OF DECEASED:	
County Fre	gel.	.CK		***************************************	State Maryland	County Frederick	
How long in above pl Hospital, Institution,	ar outside lace of de or stree	ath? 45	Years	URAL and give nearest town)	City or town Frederick (If outside city or to 202 College Street No. 202 College (If no 202 College Co	X owr limits, write RURAL and give n Se Avenue ura . give LOCATION)	earest town)
How long in hospita	i or instit	tulion?	******************		2.(a) If veteran, name war. Nor	16	
3. (a) FULL NA	ME					3. (b) Social Security	y Number
	S	SUSAN I	LAVENI	A THOMAS		None	
4. Sex	5. 0	Color or race	6.(a)Single	married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
F		W		M	20. DATE OF DEATH	March 10, 19 47	7 A
6.(b) Name of husba	and or med		6.(6	) If alive, give age 95 years	21. I CERTIFY that death occurred on the	te cate above stated; that I attended december 19. 7. 10. 7. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ceased from
deceased (mo., da	ay, yr.) ears	Months	er 4,	If less than one day	Immediate cause of death	****	DURATION
o. Aul.	93	5	6	hrs. min.	0 1	e ceronhall	1 34
10. Usual occupation	ness Phil	At Hor	county, and some	erick-Maryland	Due to		
				mel ty Maryland omas	Major findings of operatious	w thin 3 months of death)	
16. Informant M.	iss	Grace	A. Th	omas			
10. thiormant	************		*******************	Frederick, Md.		au e to which death should be charge	
t7 Buris (Burial, cramet	al	Mount	Date there	3/12/47 t Cemetery	22. VIOLENCE: If death was due to e: Accident, suicide, or homicide	Date of	(State)
Location		Freder	rick,	Maryland		ilace (where?)	
18. Funeral directo		M. R.	Etchi	son and Son	Means of Injury	Injured at work?	
Address			rick,	Maryland	sa:	house	M. D.
19. O Ma	registra	19. Y.T.	13	habeth & Heck.	23. SIGNATURE	Maryland Date signed	or other 3-10-47



02854

MARGIN RESERVED FOR BINDING		JFADING INK. Supply every item of information carefully. The	nt. Physicians: please Write the causes of death clearly and legibly.
M	I	WITH UN	important,
S A15 9.45.15M		LEASE WRITE PLAINLY,	is especially

		CERTIFICAT	TE OF DEATH	Reg. Diat. No. 131
How long in above p Hospital, Institution Emerge	lerick Frederick- (If outside city or town l	tal	Frederick	mother) Inty Frederick  s, write RURAL and give nearest town)  Ch Street LOCATION)
3. (a) FULL NA	MYRTLE	MARIE TOMS		3. (b) Social Security Number 215-20-9698
4. Sex	5. Cotor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
F	W	M	20. DATE OF DEATH March	25th, 1947 at 1:45A
6.(b) Name of hueb 7. Birth date of deceased (mo., d	Oatab	ven S. Toms 6.(c) If alive, give age 45 years 1904	21. I CERTIFY that death occurred on the date about 19	46, 10 Massel 25 19 4 J
0. 1.0	fears Months	Days If less than one day  16hrsmin.	Listose (	Carda - Vassala 10 year
10. Usuat occupati	Labore:	ck Tailoring Co.	Due fo	
	Frederic	er k County Maryland	(Include pregnancy within 8 major findings of operations	
16. Informant		S. Toms	Autopsy results	hich death should be charged stalistically.
17 Buria		0ate fhereof. 3/27/47 (month) (day) (year)	Accident, sutcide, or homicide	
Ne	ar Lewisto	own, Maryland	injured at home, farm, industry, public place (w	rhere?)
18. Funeral direct	M. R. E	chison and Son	Meane of Injury	Injured at work?
d=: a	arch 1947	Elizabeth & Hede	23. SIGNATURE Crucial Address Frederick, Mar	yland Date signed 3-25-47.



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important., Physicians: please write the causes of death clearly and legibl.

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## VS A15 9.45.1

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0



### 02855

### CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:  County Frederick  Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Couply  Maryland  Maryland  State
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or towa Frederick (If outside city or town limits, write RURAL and give nearest town) Home for the Aged
How long in hospital or Institution? Since 9-10-40	(If rurai, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME CORA M. WAGNER	3. (b) Social Security Number None
6. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W	2D. DATE OF DEATH. March 30th, 19 47 ,19:30 I
S.(b) Name of husband or Dr. J. E. Wagner  6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  March 11, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 12th  19.45 to March 30 19.47  and that I last saw h.C. alive on March 29th, 19.47
8. AGE: Years Months Days It less than one day 74 O 19hrsmin.	Immedia; cause of death DURATION Coronary thrombosis 1 hour
9. Birthplace Nr. Jefferson-Frederick-Marylar (Town, county, and atate) 10. Usual occupation At Home  11. Industry or business	Cardiovascular renal disease long
12. Name Curtis F. Hargett 13. Birthplace Frederick County Maryland	Other conditions.
Sarah J. (last name unknown)  14. Maiden name. Sarah J. (last name unknown)  15. Birthplace Frederick County Maryland  16. Informant. Home for the Aged Records	(Include pregnancy within 3 months of death)  Major findings of operations
Frederick, Maryland	Autopay results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  Burial  (Burial, cromation, or removel, Which?)  Cemetery or crossingless.  Address  A/2/47  (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Libertytown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director M. R. Etchison and Son	Means of Injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE M. D.
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Frederick, Maryland Date signed 3-31-4



and the library and

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-E)

### CERTIFICATE OF DEATH

4	02856	
Reg.	Dist. No. 5	

1. PLACE OF County	DEATH	ck			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			**************	••••••	State Maryland Coun	ty Frederick	p
Gity of the war	(If outsid	e city or town li	mits, write RI	URAL and give nearest town)	City or town Frederick (If outside city or town limits,	with DIDAL and give not	areat town)
How long in above Hospital, institution	place of de on, or stree	ath?t address where	death occurred:		Street No. 8 East Second		
8 E	ast S	Second S	treet		(If rural, give	LOCATION)	
How long In hosp	Ital or Insti	tullon?		·····	2.(a) If veteran, name warNone		
3. (a) FULL N	AME					3. (b) Social Security	Number
	CHA	ARLES DO	RSEY WA	ALKER		None	
4. Sex	5. (	Color or race	8.(a)Single	merried, widowed, or divorced		ERTIFICATION	
Male		White	W:	idowed	2D. DATE OF BEATH March 11	19.47	_at 6:45 P m
6.(b) Name of hu	band or wi	. Estell	e Albai	igh Walker	21.1 CERTIFY that death occurred on the date about 19.4	ve stated; that I attended dece	ased from
			6.(c	) If alive, give egeyears	and that I last saw h. um. alive on . Ma	N~ 10 -	1947
7. Birth date of deceased (mo.,	day, yr.)	July 3	1, 185	8 ,			DURATION
8. AGE:	Years	Months	Days	If less than one day	Immediar Trause of death Embolis	(m)	IIdays
	88	7	9	hrsmln.	Hu Kerlension	1.1.	
B. Birthplace	Cent	ral, Fre	derick	County, Maryland	Due toy. V		21124
					Due to Mily ab Regurg.	taleous	3 line
1				***************************************	Due to.		
11. Industry or b	Will:	iam W. V	lalker		Other conditions		000000000000000000000000000000000000000
				Maryland		***************************************	
					(Include pregnancy within 8 r		
14. Maiden 15. Birthplac	P.			y, Maryland	Major findings of operations		
				J a straight of the straight o	Antoney vessits		
		erick. 1			PHYSICIAN: Please underline the cause to wi	hich death shenld be charged	statistically.
Address				and the section	22. VIOLENCE: If death was due to external cau		
(Buriai, csen	cl. 3.1.	removel, Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or b	emalery	Centra	al Ceme	tory	Where did injury occur?(City or town)		
Location		Centra	L, Mary	land	Injured at home, farm, Industry, public place (w		
16. Funeral dire	ctor C	. E. Cl:	ine & S	Son	Means of injury	Injured at work?	
Address		rederi c			Otus 12, 2)	town M	·A
19. 13. M	anch	19 47	[]	isabeth & theck	23. SIGNATURE TOWN.	M. D.  M. D.  Date signed	Mar 12.
(Dato rec u	27 AUGIDEE			1			

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A Com P. Torono Marie Laboration and Committee of the Com

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MAR 15 1947

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

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	Reg.	Diat.	No.		···		

1 DIACE OF D	EATH.		. 1	2 HISHAL DESIDENCE (HOME) OF	DECEASED.	
1. PLACE OF D	EAIH:			2. USUAL RESIDENCE (HOME) OF  (For newborn infants give residence of m	other)	
				Slate Maryland Couol	Prederick	
Cily or town	f outside city or town	limits, write R	URAL and give nearest town)	Prederick	17	*******************************
Now long in above nia	ce of death?	Years	3	City or town (If outside city or town limits,	write RURAL and give ne	arest town)
Hospital, institution,	or street address where	death occurred		Street No. 911 North Marke	et Street	
911 110	rth Marke	T DILE	et	(If rural, give I	LOCATION)	
How long in hospital	or institution?		•••••••••••••••••	2.(a) If veteran, name war. None		
3. (a) FULL NAI	ME				3. (b) Social Security	Number
	CLAREN	ICE ORI	LANDO WARFEL			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M	W		W			8.30
		1		20. DATE DF DEATH.	2nd, 1947	al . O . O O ZA
B.(b) Name of husbar	nd-or wife. Li ZZ	ie M.	Lillard	21. I CERTIEY that death occurred on the date above	10 0	A (A 1
			r) If alive, give ageyears	Del. 28. 19.4	/ / - /	
7. Birth date of	Octob	er 31		and that I last saw harmalive on		19.4.2
. deceased (mo., day	7, 71.7	Days	If less than one day	Immediate cause of death	***************************************	DURATION
o. Mon.		Days	College of the colleg	- A		
_77	-	-	hrsmin.	Mule Comany C	montre	
a Richalace Lan	caster-La	ncast	er-Pennylvania	Due to	***************************************	2 days
	(10WI	i. county, and i	icate)		<b></b>	
10. Usual occupation	Telegra	thii ob	31.8 601.	Due to Asterio a china		
11. Industry or busin	less B & 0 I	Railro	ad Co.		***************************************	
E 12 Name D	avid Wari	?el	***************************************	Dther conditions		
13 Birtholace	Lancaster	coun'	ty Pennsylvania			
E 13. Unimplace	Elizabe	ath An	n Doersch	(Include pregnancy within 3 m	onths of death)	
E 14. Maiden nam	ne	~ ~	L Dans and 177-18	Major findings of operations.	***************************************	***************************************
₹ 15. Birthplace	Lancaster	, coun	cy remisylvania			
16. Interment	s. Edna V	. All:	n Doersch ty Pennsylvania nut	Autopsy results.		
149	9 Newton	St. I	Mashington, D.C.	PHYSICIAN: Please underline the cause to whi		statistically.
Parasi c	7			22. VIOLENCE: If death was due to external caus		
17		Dale ther	eof 3/5/47 (month) (day) (year)	Accident, suicide, or homicide	Dale of	******************************
Complemen	Mount	Olive	t Cemetery	Where did injury occur?(City or town)	(County)	(State)
cemetery or crem	Frede	rick.	Maryland	Injured at home, farm, Industry, public place (who		
Location	10000	2013	3 0		Injured at work?	
1B. Funeral director	L. R.	Etchi	son and Son	Means of Injury		
Address		rick.	Maryland	7 1	7	W. D.
Mduless		00	. 0.11	23. SIGNATURE	Gearse M. D.	orother
19. H Ma	19 h	12.	malith y. Heds.	Frederick. Mary	land Date signed	3-3-47
(Date rec'd by	registrar)		Registrar	Address	nate signeu	



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7672)

### CERTIFICATE OF DEATH

Reg. Dist. No. ....

• DOLOT OF DELTH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH: County Frederick	(For newborn infants give residence of mother)
	State Maryland County Frederick
City or beat Frederick (If outside city or town limits, write RURAL and give nearest town)	7
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Frederick City Hospital	Street No
1 days	2.(a) If veteran, name war. None
How long in hospital or institution? Li days	
3. (a) FULL NAME	3. (b) Social Security Number
EDGAR STALEY WELLER	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH March 2nd 18.47 at 9:15.A.m
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(c) If alive, give ageyears	19.4710
7. Birth date of	end that I last saw h
deceased (mo., day, yr.) July 8, 1882	Immediate cause of death
o. AGE:	Frature base of 4 days
64 7 22hrsmin.	Shull
9. Birthplace. Frederick, Frederick County, Md. (Town, county, and state)	Due to
10. Usual occupation Farmer	Due to
11. Industry or business	
	Dther conditions
12. Name John W. Weller 13. Birthplace Staunton, Virginia	(Include pregnancy within 3 months of death)
14. Malden name. Olivia M. Stalay	
14. Malden name. Olivia M. Staley  15. Birthplace Frederick County, Maryland	Major findings of operations
	Date of op
18. Informant Mrs. E. C. Valentine	Autopsy results
Address Frederick, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof March 1, 1917 (Burial, cremation, or reasonal Whichi)	Accident, suicide, or homicide accident Date of 26 Fall 47
Cometery or crematory Mount Olivet Cemetery	Where did injury occur?
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director C. E. Cline & Son	Means of injury Fell down Steps injured at work? NO
Theday ale Mones and	al all N Contes In he is
Address Frederick, mary latti	23. SIGNATURE. AND or other
19. 4 March 19.4 Elizabette 3 Tleate. (Date rec'd by registrar)  Registrar	Address Fr. a De wild Med Date signed & Mar : 47

BY LAND TO TREMPEASED STATE OR PERME

CERTIFICATE OF DEALER

10R 6 1947 BUREAU V 8

A15

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	Z A BT	reet eddress where	death occurred	l: eet
***************************************		stitution?		
3. (a) FULL				
		JOHN LION	WILSO	N
4. Sex		5. Color or race	6.(a)Singl	er married, widewed, or divorced
Male		White	M	arried
o (b) Hama of l	Landa and Lan	Lill:	ian Rot	henhoefer Wils
D.(O) Name or	n. C. J. Inter-Ol	WILD.		c) If allve, give age 3* 47
7. Birth date of deceased (m		1		
8. AGE:	Years	Months	Days	It less than one day
	80	8	11	hrs
11. Industry or	business			
11. Industry or	husiness He	nry B. W	ilson	and and
12. Name.	He U	nion Bri	dge, Ma	aryland
12. Name.	He U	nion Bri Martha L	dge, Ma . Watki	ns
HEAT 12. Name 13. Birthp 14. Matde 15. Birthp	Henname	nion Bri Martha L Kemptown	dge, Ma . Watki , Maryl	nryland ns Land
HEAT 12. Name 13. Birthp 14. Matde 15. Birthp	He dace U en name dace Mrs	mion Bri Martha L Kemptown John L	dge, Ma Watki Maryl Wilso	ns Land
12. Name 13. Birthp 14. Matde 15. Birthp 16. Informant	He dace U en name de lace Mrs	mion Bri Martha L Kemptown John L ederick,	dge, Ma Watki Maryl Wilso	aryland .ns land on
12. Rame. 12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17. BU	He lace U en name solace Mrs Fre	mion Bri Martha L Kemptown John L ederick,	dge, Ma . Watki , Maryl . Wilso Marylar	aryland ns Land on d reot March 18, 10 (month) (day) (yee
12. Rame. 12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17. BU	He lace U en name solace Mrs Fre	mion Bri Martha L Kemptown John L ederick,	dge, Ma . Watki , Maryl . Wilso Marylar	aryland  ns  land  on  d  (month) (day) (yes
12. Rame. 12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17.	Hanname Un name In nam	Martha L Kemptown . John L ederick, Frederi	dge, Macki . Watki , Maryl . Wilso Marylar Date the	aryland ns Land on d reot March 18, 19 (month) (day) (year
12. Rame. 12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17. BW (Burlal, os	Hanname Unname Mrs	Martha L Kemptown John L ederick, Frederi Linden	dge, Macdel Marylar Marylar Date the ck Memorylar	ns Land on od reof March 18, 19 (month) (day) (yes orial Park Maryland
12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17. Burial, os Cemetery or	Headlace U	Martha L Kemptown John L ederick, Frederi Linden	dge, Ma . Watki , Maryl . Wilso Marylar Date the ck Memory Hills, ine & S	aryland ns land on od mod March 18, 1 (month) (day) (ye orial Park Maryland Son
12. Rame. 13. Birthp 14. Madde 15. Birthp 16. Informant. Address 17	Headlace U	Martha L Kemptown John L ederick, Frederi Linden C. E. Cl	dge, Ma . Watki , Maryl . Wilso Marylar  Date the ck Memo Hills, ine & S . ck, Ma	aryland  ns Land on od  mod March 18 1 (month) (day) (ye orial Park Maryland Son

Evidence for change	of MARYLAND STATE DEPARTMENT OF HEALTHX	
wife's age: Delayed		
Certificate #4204 or	n file her CERTIFICATE OF DEATH	

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Dist. No. ....

State Maryland County	
	write RURAL and give nearest town)
Street No. 13-A Nor th Jeffe (If rural, give L None	erson St.
	3. (b) Social Security Number
	None
MEDICAL CE	RTIFICATION
on paye ne peaks March 15	19 47 , at 9:50 A M
24 1 CEDTIEV that death occurred on the date above	stated: that I attended deceased from
march 6 194	7. 10 18 15.19.4.
and that I last saw h	and 14 1847
Idiate serve of death	DURATION
Due to.	Z 7.20.1
Carcinomia	- of the state of
Due to	
Dther conditions	
(Include pregnancy within 8 m	
Major findings of operations	
	Date of op
Autopsy results	ich death should be charged statistically.
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
Injured at home, farm, industry, public place (wh	
Means of Injury	Injured at work?
12 DH	comas
23. SIGNATURE	M. D. or other
5. 1 1. 1	31,117

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MAR 18 1947 BUFFAU V 8

# 9-45-15M

### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	02863
Reg. Dist.	No.

CERT	IFIC	ATE	OF	DEA	TH

1. PLACE OF DEAT	Ή:			2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot	DECEASED:	
County		state Maryland county Frederick				
					City or town	rite RURAL and give nearest town)
		How long in above place of Hospital, Institution, or st	reet address where	death occurred	:	Street No. 121 De Paul S
moophed, and manager				Street No		
How long in hospital or in	stitution?			2.(a) If veteran, name war.		
3. (a) FULL NAME					3. (b) Social Security Number	
					None	
4. Sex	seph Fr	ancia	Wivell e. married, widowed, or divorced	MEDICAL CER		
4. Set	3. Guidi di lace	U.(W)Singi	c, mairies, misowes, or allorees		14. /15	
Male	White		Widowed	20. DATE OF DEATH	119 197 at Le 7 M	
	W. Man	- T.4		21. I CERTIFY that death occurred on the date above	stated; that ditended deceased from	
		•	58	18/	T. 10 / Revol / 9 19 7	
T. Birth date of		В.(	c) If alive, give ageyears	and that I last saw halive on	wich 1947	
deceased (mo., day, yr.)		22,18		Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	Cerebral Leuser	haple & days	
78	7	27	hrs min.			
9. Birthplace	ederiok	Coun	t.v. Md	Ouo to Hefferlessure	Carello descond	
				tvascular	alcung the	
10. Usual occupation	Retire	d-fari	ner	Due to	1	
11. Industry or business						
質 12. Name	lliam J	Wity	11	Other conditions		
13. Birthplace				(Include pregnancy within 3 mor		
14. Maiden name			ker	Major findings of operations 2004		
			Co. Md.			
16. Informant O.M.	llian	V / (	Wivell	Autopsy results	> 4 3 4 4 11 1 4 4 4 4 4 4 4 4 4 4 4 4 4	
Address F.mm	itsburg	ь Ma	P D			
				22. VIOLENCE: If death was due to external causes		
17. Burn a land (Burial, cremation, or removal. Which?)  Date thereof. Man 21 1947. (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or Arehadory St. Joseph's Catholic			Catholic	Where did injury occur?	(County) (State)	
Location Emmitshung Md				Injured at home, farm, Industry, public place (where	e?)	
18. Funeral director. S. F. Allison				Means of Injury	injured at work?	
1B. Funeral director				1_0	1 10 10	
Address Em	mitsbur	g, Md		23. SIGNATURE W-/L	Codle MO	
19 mas 2	O 19 4	7 /	1/1. To Shuff	Address Que as tober	M. D. or other  Date signed 3 / 9-47	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

### CERTIFICATE OF DEATH

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dil	lb.
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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County and and interest of the county	State Manyland County Fieldersek
(If outside city or town limits, write RURAL and give nearest town)	1 16 +1
How long in above place of death?	(If outside city or town limits, write RUKAL end give neerest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary anne Elizak	eth Wirell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
Temale Ithite Single!	20, DATE OF DEATH March 25 1947 at/0:40 A
	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	1926 1 1/1118425 1049
7. Birih date of	end that I last saw h. 2 Jailye on
deceased (mo., day, yr.) July 26, 1857	
8. AGE: Years Months Days It less than one day	Immodiate gause of death OURATION
89 7 29hrsmin.	MARIONA ALLON - ACAMONICA
E it 1 The 11 0 . 2 1	
9. Birthplace (Town, county, and state)	Oue to
10. Usuat occupation Lettiched	***************************************
	Due to
11, Industry or business	
12. Name 12. Name 13. Birthplace Phanifand	Other conditions
	(Iuclude pregnancy within 8 months of death)
14. Maiden name Diffusella Bakin.  15. Birthplace Mansland	
S & Blithology Made 18	Major findings of operations.
2 13. Birmplace many and	Oate of op.
18. Informant Mass Malle Martin	Autopsy results
Address tommitabura. Ind.	
17. Burial Date thereof Bas. 28, 1947	22. VIOLENCE: It death was due to external causes, fitt in the following:
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory State 190 Sept. 188	Where did injury occur?
Location Commitsburg Ind.	Injured at home, farm, industry, public piace (where?)
LUCATION	Meens of injury Injured at work?
18. Funeral director. D. State Manage Manage Control of State of S	1 1 1 1 1 1 1
Address Theirmont, Orda 1	W.K. Coelle M.S.
man 2.8 up M. the Sheell	23. SIGNATURE M. D. or other
19. (Dato rec'd by registrar)	Address Live villo brees histories signed 3-25-6

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PLAINLY, WITH UNF. is especially important.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH:	Frederick	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
State Sar		Slate Mary land Con	Slate Mary land County		
City or town. State Sana to rium, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long In above place of death? Since 1/27/47		City or town Baltimore (If outside city or town limit	e write RITRAL and give	neerest town)	
Machini incitiution or street address	where death occurred:	Street No. 2204 Fleet St			
Maryland Tub	erculosis Sana torium	(If rural, give	LOCATION)		
How long in hospital or institution?	Since 1/2//4/	2.(a) It veteran, name war			
3. (a) FULL NAME			3. (b) Social Securi	ity Number	
Adam Wojty			None		
4. Sex 5. Color or ra			ERTIFICATION	<b>7</b> 0 000	
Male Whi		20. DATE OF DEATH March 14			
6.(b) Name o XXXXXX wife	Ida Wojtysiak	21. I CERTIFY that death occurred on the dale ab January 27	ove stated; that I attended of	eceased trom	
	6.(c) It alive, give age50	ears and that I last saw h im alive on Mal	rch 14	10 47	
7. Birth date of deceased (mo., day, yr.)	ovember 1, 1888	Immediate cause of death			
8. AGE: Years Months		Pulmonary Tuber	rculosis	15 Mos.	
58 4	13  hrs.	min.	•••••	******	
9. Birthplace Baltim	ore, Maryland (Town, county, and state)	Oue to			
10. Usual occupation Barber					
11. Industry or business		Oue to	•••••••		
	ojtysiak	Other conditions			
12. Name John W		Diabetes Mellitu	18		
E 14 Maiden same Lena	Akvert	(Include pregnancy within 3			
14. Maiden name Lena 15. Birthplace Pola		Major findings of operations			
	a Wojtysiak (wife)	Antonsy results	***************************************		
	t St., Baltimore, Md.	PHYSICIAN: Please nuderline the cause to w	hich death should be char	ged statistically.	
17. Burial (Burial, cremation, or removal.					
Cemelery XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Stanislaus	Where did injury occur?(City or town)			
Localion Ba 1	timore, Maryland	tnjured at home, farm, industry, public place (		0 5 0 5 5 0 5 5 0 0 0 0 0 0 0 0 0 0 0 0	
	rge A. Weber	Means of Injury	Injured at work?		
	n St., Baltimor/e, Md.		lli		
19 March 15 19	47 J. M. Lym Regis		ALL ,	3/15/47	
(Date rec'd by registrar)	Regis	trar II Address Dod Dolla 601 1	mente Jete. T. X uate sigi	168	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940/

02863

### CERTIFICATE OF DEATH

Reg. Dist. No. 1440

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) 0 (For newhorn infants give residence of	F DECEASED:
Forvilla - minol			1	State Martland Cou	Frederick
City or town			URAL and give nearest town)	Povirilla	munal
How long in above place of	death?	6 yea	ırs	City or town	s, write RURAL and give nearest town)
Hospilal, Institution, or st	eet address where d	eath occurred		Street No	
				(If rurai, give	LOCATION)
How long in hospital or in	stitulion?		***************************************	2.(a) If veteran, name war	
3. (a) FULL NAME			TT - 4 - 117 - 3 - 6		3. (b) Social Security Number
	.N.	lauric	e Hampton Wolf	0.	213-18-0784
4. Sex   5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	4	larried	20. DATE OF DEATH March	I, 47 I:30 P:
6.(b) Name of husband or	Sad	ie Sn	nith Wolfe	21. I CERTIFY that death occurred on the date abo	ove stated; that I ettended deceased from
5.(0) Name of husband or	W 18		47	December 17 19	46 to March 1 194
7. Birih date ot			t) It alive, give ageyears	and thet I last saw h alive on Jax	many 28 19.47
deceased (mo., day, yr.)	March			Immediate cause of death	DURATION
8. AGE: Years	Months	Days	It less than one day	Coronory Throm	bosis Iday
66	II	13			
9. Birthplace Foxville, Frederick Co., Md. (Town, county, and state)			ick Co., Md.	Due to arteriogelero	315
10. Usual occupation					
11. Industry or business Employee - Landis Tool Co.			dis Tool Co.	- Due to	
	Uinam W	olfe		Bu du .	
Hiram Wolfe  12. Name Hiram Wolfe  13. Birthplace Garfield, Frederick Co., Md.			lerick Co., Md.	Diher conditions	
Mary Gordon  14. Maiden name Mary Gordon  15. Birthplace Garfield, Frederick Co., Md.  Mrs. Sadie Wolfe				(Include pregnancy within 3	months of death)
H 14. Malden name		D	and ole Co MA	Major findings of operations.	2
≥ 15. Birthplace U	arilela,	rrec	Terick Co., Mu.		Date of op.
16. Intermant	s. Sadie	WOT:	8	Autopsy I courte	1.1 1 at 1
Address Lantz, Maryland.			nd.	PHYSICIAN: Please underline the cause to w	
Burial March 5, 1947			March 5, 1947	22. VIOLENCE: If death was due to external cau	
(Burial, cremation, or removal, Which?)  Date thereot			(month) (day) (year)		
Cemetery or crematory Mount Moriah Cemetery			lan Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Foxville, Md.			Md.	Injured at home, farm, Industry, public place (w	here?)
18. Funeral director M. L. Creager & Son				Means of Injury	Injured et work?
Address	Thurmor			M. Franka	li Bush Du
19. March 3	1947	B	lanche & Eyler	23. SIGNATURE	M. D. or other
(Date rec'd by regis	trar)	n	A 16 Ala Registrar	Address	Mil Date signed Man . 3!

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

### CERTIFICATE OF DEATH

02864 Reg. Dist. No. ...... 310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Frederick	State Maryland county Frederick	
City or ione (If outside city or town limits, write EURAL and give nearest town)		
How long in above place of death? 37 years	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 3 East Second Street	
3 East Second St.	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war World War I	
3. (a) FULL NAME	3. (b) Social Security Number	
EARL EDWIN ZEIGLER	212-05-0809	
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH March 14 18 47 at 6:45 P. M	
6,(b) Name of hostend or wife Grace M. Zimmerman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(0) Name of hotsend or wife.	Egh 1 19 44 to March 14 18 47	
7. Birth date of Towns 2.7. 3.003	and that I last saw human alive on March 14 1947	
deceased (mo., day, yr.) January 15, 1091	Immediate cause of death	
8. AGE: Years   Months   Days   If less than one day		
56 2 1hrsmln.	Cerchal Tumphage 3 days	
9. Birthplace Boyls, Montgomery County, Maryland (Town, county, and state)	Due to	
10. Usual occupation Retired Telephone Co. employee	Bue to Arteria & Auroro:	
11. Industry or business		
E 12, Name George A. Zeigler	Other conditions helicanal Agretimens	
13. Birthplace Mechanicsburg District, Pa.	J.	
	(Include pregnancy within 3 months of death)	
14. Malden name.	Major findings of operations. The	
14. Malden name Clara Kurtz  15. Birthplace Mechanicsburg District, Pa.		
16. Informant Mrs. Earl E. Zeigler	Autopsy results. Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.	
Address Frederick, Maryland		
	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
Cemetery or cremetery Mount Olivet Cemetery	Where did injury occur?	
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)	
19. Funeral director	Means of Injury Injured at work?	
Address Frederick, Maryland	23. SIGNATURE A. M. CLASSE M. P.	
19 15 March 1847 Elizabeth & tech.	23. SIGNATURE M. D. or osher  Address Tulerick M. Date signed J. 5/1/7	

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